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COMMISSION OF INQUIRY  
INTO THE  
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE  
SUR L'USAGE DES DROGUES  
A DES FINS NON MEDICALES

May 22, 1970  
The Shamrock Room  
Hotel London  
LONDON, Ontario







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BEFORE:

Gerald LeDain, Chairman,  
Ian Campbell, Member,  
H. E. Lehmann, M.D., Member,  
James J. Moore, Executive Secretary,  
Marie Andrée Bertrand, Member,  
J. Peter Stein, Member.

RESEARCH:

Dr. Charles Farmilo,  
Dr. Ralph Miller.

SECRETARY TO THE CHAIRMAN:

Vivian Luscombe.

May 22, 1970  
The Shamrock Room  
Hotel London  
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1 --- Upon commencing at 9:40 a.m.

2 THE CHAIRMAN: Ladies and gentlemen,  
3 I call this hearing of the Commission of Inquiry  
4 into the Non-Medical Use of Drugs to order. I should  
5 like first to introduce the members of the Commission  
6 and staff who are present here this morning.

7 On my far right, Dean Ian Campbell,  
8 of Montreal; on my immediate right, Dr. Heinz Lehmann  
9 of Montreal; I am Gerald LeDain; on my left is  
10 Mr. James Moore, Executive Secretary of the Commission;  
11 on Mr. Moore's left, Mr. J. Peter Stein, commissioner  
12 from Vancouver. Our other colleague on the Commission,  
13 Professor Marie Andrée Bertrand, will be joining us  
14 later this morning.

15 On the table to the left is my  
16 secretary, Mrs. Vivian Luscombe, and Dr. Charles  
17 Farmilo, a research associate, and Dr. Ralph Miller.

18 I would like to read to you a state-  
19 ment about our terms of reference:

20 The Commission of Inquiry into the  
21 Non-Medical Use of Drugs was appointed by the federal  
22 government on May 29th last year, upon the recommenda-  
23 tions of the Honourable John Munro, Minister of  
24 National Health and Welfare.

25 The Commission has an independent  
26 status under Part I of The Inquiries Act.

27 The concern which gave rise to the  
28 appointment of the Commission is described in Order-  
29 in-Council P.C. 1969-1112, which authorized the  
30 appointment in the following words:





1 "... there is growing concern in Canada  
2 about the non-medical use of certain drugs  
3 and substances, particularly those having  
4 sedative, stimulant, tranquillizing or hallu-  
5 cinogenic properties, and the effect of such  
6 use on the individual and the social impli-  
7 cations thereof;

8 ... within recent years, there has developed  
9 also the practice of inhaling of the fumes  
10 of certain solvents having an hallucinogenic  
11 effect, and resulting in serious physical  
12 damage and a number of deaths, such solvents  
13 being found in certain household substances.  
14 Despite warnings and considerable publicity,  
15 this practice has developed among young people  
16 and can be said to be related to the use of  
17 drugs for other than medical purposes;

18 ... certain of these drugs and substances,  
19 including lysergic acid diethylamide, LSD;  
20 methamphetamines, commonly referred to as  
21 "speed", and certain others, have been made  
22 the subject of controlling or prohibiting  
23 legislation under The Food and Drugs Act,  
24 and cannabis, marijuana, has been a substance,  
25 the possession of or trafficking in which  
26 has been prohibited under The Narcotic Control  
27 Act;

28 ... notwithstanding these measures and the  
29 competent enforcement thereof by the R.C.M.  
30





Police and other enforcement bodies, the incidents of possession and use of these substances for non-medical purposes, has increased and the need for an investigation as to the cause of such increasing use has become imperative."

In announcing the Commission's appointment, the Minister of National Health and Welfare spoke of the "grave concern felt by the government at the expanding proportions of the use of drugs and related substances for non-medical purposes."

The terms of reference defining the Commission's inquiry into the non-medical use of psychotropic drugs and substances mention sedatives, stimulants, tranquillizers and hallucinogens.

For the present, the Commission understands "drug" to mean any substance which chemically alters structure or function in the living organism, and "psychotropic" drugs as those which alter sensation, feeling, consciousness and psychological or behavioural functions. The Commission has tentatively defined "medical use" in terms of generally accepted medical practice -- under medical supervision or not. All other use is "non-medical use".

By itself, a prescription does not distinguish medical from non-medical use. A non-prescription drug like aspirin may be taken for medical use. Or a prescription drug may be taken for generally accepted medical reasons, then no longer required.





The Commission is invited by its terms of reference to "marshal ... the present fund of knowledge concerning the non-medical use of sedative, stimulant, tranquillizing, hallucinogenic and other psychotropic drugs or substances."

But since an interim report is expected shortly, and a final report within two years, the Commission will have to be selective.

It must consider what appear to be the principal issues which led to its appointment.

The Commission has the initial impression that its primary focus must be on the non-medical use of drugs by the young and by adults as it relates to or affects the use of drugs by youth.

The Commission has drawn up a preliminary classification of psychoactive drugs, which falls into the following eight categories: hypnotics-sedatives; stimulants; psychedelic-hallucinogenics; opiates-narcotics; volatile solvents and gases; analgesics (non-narcotic painkillers); clinical anti-depressants; and major tranquillizers.

The Commission sees its primary emphasis on the following categories:

1. The psychedelic-hallucinogenic, which includes cannabis (marijuana and hashish), LSD and mescaline and the other "restricted drugs" placed under the new Schedule J of The Food and Drugs Act: DMT, STP (DOM), and DET;
2. The stimulants, including such ampheta-





1                    mines as benzedrine and methedrine --  
2                    generally referred to as "speed";

3                    3. The volatile solvents and gases --  
4                    often referred to as "delirients",  
5                    such as glue, nailpolish remover, and  
6                    paint thinner;

7                    4. The sedative-hypnotics, such as the  
8                    barbiturates (used as sleeping pills),  
9                    the minor tranquillizers, and ethyl  
10                   alcohol;

11                   5. The opiate-narcotics, such as heroin.

12                   Alcohol and nicotine are clearly mood-  
13                   modifying drugs used for non-medical reasons and  
14                   therefore within the terms of reference. However,  
15                   the Commission could not possibly perform its task  
16                   if it were required to consider the extensive research  
17                   carried out on these substances. A realistic view  
18                   compels the Commission to regard the non-medical use  
19                   of alcohol and nicotine in their relation to the  
20                   non-medical use of other psychotropic drugs. This  
21                   is also the Commission's position, at least initially,  
22                   on the non-medical use of the opiate-narcotics, such  
23                   as heroin.

24                   These so-called "hard drugs" are not  
25                   excluded from the terms of reference, because they  
26                   do have psychotropic properties. But as with alcohol  
27                   and nicotine, the Commission cannot hope to do justice  
28                   to the extensive literature on the subject. The  
29                   "hard drugs" are therefore to be examined in their  
30





possible relationship to the non-medical use of the "soft drugs".

Two contentions brought to the Commission's attention may illustrate what is meant by "relationship" to the non-medical use of soft drugs.

The first contention is that extensive social use of alcohol not only creates a permissive climate of drug use, but also reflects a provocative injustice and even hypocrisy in our legislative and law enforcement attitudes. The second contention is that the use of certain soft drugs like cannabis (marijuana) leads very often, if not generally, to hard drug addiction.

What are the issues in this inquiry? The Commission must investigate the extent of the non-medical use of mood-modifying drugs in Canada. That means the pattern of drug use; the drugs and various groups or populations involved, according to age, occupation, etc.; the movement from one drug to another.

The Commission must investigate physical and psychological effects of these drugs, effects on behaviour of the individual concerned, effects on others, and effects on society. Finally, and by no means least important, the Commission must investigate the reasons for the non-medical use of drugs -- not only the personal reasons or motivation, but the social, educational, economic, philosophic and other reasons. In other words, what is the





1 meaning or larger significance of this phenomenon?  
2 What is the true nature of the challenge it presents  
3 to our civilization?

4 We have accepted a very difficult  
5 task and we need your help. It is imperative that  
6 we have the views of as many Canadians as possible.  
7 This is not solely a technical question for experts;  
8 it is a broad social issue, going to the very nature  
9 of human existence in our time. It is a question to  
10 which everyone can contribute a measure of insight and  
11 wisdom. Please come forward and assist us with your  
12 views.

13 I would just like to say a few words  
14 about the manner in which we proceed in our public  
15 hearings, which is, of course, only one of the methods  
16 of inquiry we follow, but one to which we attach  
17 a great amount of importance because of the nature  
18 of the issues in this whole inquiry. It is important  
19 for us to have as broad an opinion as possible to  
20 perceive this phenomenon, and to what our social  
21 response should be. We have scheduled submissions  
22 and at the end of each there is an opportunity for  
23 questions and comments, and it is not necessary to  
24 have a formal written submission here.

25 Microphones are located for your  
26 convenience, and we would hope you would give us  
27 the benefit of your views.

28 Now, I shall call upon Mr. Vernon  
29 K. Chiles, Sarnia Pharmacy Limited, and Mr. James  
30 Watt.





1                   If Mr. Chiles and Mr. Watt would  
2 like to be seated at this table here.

3                   Mr. Chiles?

4                   MR. CHILES: Mr. Chairman, members  
5 of the Commission:

6                   In January of this year I delivered  
7 a sermon in a Sarnia church, and I would like to  
8 introduce our submission by quoting from it: "If  
9 social ferment is compared to an iceberg, one of its  
10 tips would be drug abuse. The roots of the problem  
11 are deep and multifaceted. The solution will be  
12 complex, wide-ranging, and will involve an in depth  
13 look at our society and at our values. This is the  
14 problem that we as citizens and we, the church, must  
15 grapple with."

16                  In a sense, then, this submission is  
17 an attempt to carry out this in depth look into an  
18 area in which Mr. Watt and myself have a degree of  
19 expertise.

20                  Mr. Watt and I are pharmacists  
21 associated in the same practice at Sarnia Pharmacy  
22 in Sarnia, Ontario. We represent only ourselves and  
23 not officially any organization in pharmacy or outside  
24 of pharmacy. Although our practice is mainly with  
25 prescriptions, and we have no merchandise on display  
26 in our pharmacy, we have both worked in the more  
27 traditional type of pharmacy, and are quite familiar  
28 with its operation as well.

29                  Drug abuse and misuse is something  
30 that makes us examine many facets of our culture.





1 Dr. J. Thomas Ungerleider of Los Angeles, Assistant  
2 Professor of Psychiatry at UCLA was quoted in the  
3 May 9, 1970 Globe and Mail as follows, "He also  
4 tied youthful drug use to adult use. Constant tele-  
5 vision commercials for all kinds of over-the-counter  
6 medication (the kids even see Joe Namath with 'an  
7 Excedrin headache') teach youth that they need not  
8 suffer anything -- there is a medication for all  
9 occasions."

10 Sir William Osler, at the turn of  
11 the century, said that the principal difference  
12 between man and other primates is that man loves to  
13 take medicine. Yet by no means are all the majority  
14 of drugs taken because people love swallowing capsules  
15 and tablets, and a great deal of drug use is, of  
16 course, legitimate, and appropriate. Yet, drugs and  
17 self-medication serve many more useful purposes in  
18 1970 than they did in 1900, when Sir William Osler  
19 made his comment.

20 I am sure that none of us intends  
21 to take away from the individual the right to  
22 effectively treat mild but troublesome complaints  
23 with drugs of his own selection.

24 I would suggest that the theme in  
25 public education should be one of "responsible use".  
26 Alcohol can be used responsibly. So can prescription  
27 and over-the-counter drugs. Tobacco is used irres-  
28 ponsibly if one presumes that damaging one's health  
29 represents irresponsible use. Cannabis use may,  
30 in some cases, prove to be responsible use even in





our society. It is doubtful that the more potent  
illusinogenic drugs can be used responsibly and  
probably all use is irresponsible use.

In many speeches and discussions in  
which we have been involved in Sarnia, in Lambton  
Country, this issue of responsible use is raised  
again and again by young people, particularly, though  
they often phrase it in a hostile or aggressive way.

I would like to give you three  
questions that have come up, that I made points of:

1. If tobacco causes more physical  
disease than any other drug, why is it legal and  
marijuana not legal?

2. How can you say cough syrup drinking  
is dangerous when you pharmacists have big displays  
of these cough syrups for self-service?

3. Most of these drugs come from plants  
and these plants are given to us by God, so what's  
wrong with using the materials God has given us?

All of these questions indicate a  
groping on the part of the teenager, perhaps to  
define for himself responsible and irresponsible use.

They also raise problems for society  
and specific groups in society, such as pharmacists.  
Youth is very concerned about honesty and hates  
hypocrisy. They see a society that condemns, officially,  
violence, and yet condones war. They see a parent  
that preaches against marijuana while smoking a  
cigarette and drinking a beer. Yet, as Dr. Unger-  
leider says, in the movie, "Beyond LSD", our teenagers



1 are both tremendously perceptive and at the same time  
2 tremendously gullible. They are quick to accept the  
3 nonsensical hucksterings of any drug prophet that  
4 comes along. Much of this concern, though, with the  
5 hang-ups of society is genuine and constructive, and  
6 points to real hypocrisy and muddled thinking. Witness  
7 the physician's concern about the drug problem while  
8 he needlessly prescribes speed and barbiturate com-  
9 binations. Witness the pharmacists preaching against  
10 drug misuse while mass merchandising the same drugs  
11 he says can cause dependency and toxicity.

12                   The Canadian Pharmaceutical Journal  
13 carries this advertisement on its back cover: "2 Big  
14 Reasons for Giving Aspirin Your Best Display Space.  
15 1. The fastest turnover item (more packages sold than  
16 any other product). 2. The biggest TV drug adver-  
17 tiser." Yes, the number one seller, but no mention  
18 that it is the number one killer of children. Dr.  
19 Unwin's paper mentioned a figure of 80,000 poisonings  
20 by aspirin per year in Canada. No mention that it  
21 is involved in drug interactions, or it can cause  
22 gastric bleeding or all the other problems that are  
23 mentioned in our written presentation. We pharmacists  
24 and our associations need to examine our priorities  
25 and our hang-ups.

26                   Our written brief outlines the  
27 general types of problems that are associated with  
28 over-the-counter drug use: Acute or chronic toxicity,  
29 pharmacological interactions, drug allergy, drug  
30 idiosyncrasy, and ineffective, inappropriate, or





unnecessary therapy. We cover many specific examples of these problems as well as a general discussion of several types of OTC drugs.

We will not attempt to go into the details of this this morning. We will presume that the Commission is familiar with this presentation.

I would now like to reiterate and comment upon the specific recommendations contained in our written brief.

1. Restriction of Distribution of Over-the-Counter Drugs to Pharmacies:

Many non-prescription drugs and poisons are already restricted to pharmacy sale only, by the provincial Pharmacy Acts. Certain drugs are specifically mentioned in the Pharmacy Act of Ontario, for example, as exempt from this restriction. All drugs registered under the Patent or Proprietary Medicine Act are also exempt from this restriction. These loopholes need to be closed where potentially toxic drugs are involved. On the other hand, some drugs restricted to pharmacy sale only (for example, certain mouth washes) may well be sold in any retail establishment.

Our recommendation is in agreement with that of the Canadian Medical Association recommendation Number 13. The pharmacist is the logical and properly trained person to give the advice and protection that over-the-counter drugs require. It may be that the provincial departments of health, along with the federal Department of





1 Health and Welfare, acting in concert, could draft  
2 suitable legislation, to facilitate the changes  
3 recommended.

4  
5 Dr. J. Robertson Unwin, in his  
6 position paper, "Non-Medical Use of Drugs with  
7 Particular Reference to Youth", states under the  
8 section, "Availability"--"Drug misuse by the North  
9 American is partly reflected in his easy access to  
10 over-the-counter preparations."

11 This brings us to our second recom-  
12 mendation, Restriction of Display.

13 If pharmacies were to continue to  
14 openly display and mass merchandise drugs as many  
15 at present do, the beneficial effects of restriction  
16 of distribution would be greatly lessened. There-  
17 fore, we strongly recommend that over-the-counter  
18 drugs be offered for sale in pharmacies in such a  
19 way that the public does not have unrestricted access  
20 to them. This would preclude open and mass display  
21 and thereby greatly nullify the effect of Madison  
22 Avenue advertising techniques. This recommendation  
23 is also in agreement with recommendation Number 13  
24 of the C.M.A. brief. We do not display any drugs  
25 in our pharmacy and we find some advantages, and  
26 I list a few of them for you:

27 (a) The pharmacist is aware of  
28 all the over-the-counter drugs supplied in the  
29 pharmacy;

30 (b) The pharmacist's advice is  
sought much more frequently;



(c) The conditions which may require medical treatment are more readily detected and referred to the physician;

(d) With the use of family medication and record cards, undesirable drug interaction between prescription and over-the-counter drugs can be prevented. When someone asks for advice on drugs, about taking a specific drug, we try to always remember to preface any recommendations with the question: "Are you taking any other drugs?"

(e) Adequate advice about proper use and side effects can be routinely given.

These advantages are offset by one major disadvantage. OTC sales are much lower when the drugs are not actively displayed and promoted. However, because of the many new and effective prescription drugs that are available, and the physicians' increased reliance on them, pharmacies can economically exist and prosper with only prescriptions and closely related health needs. Ideally, we might recommend that pharmacies be given nearly all drugs exclusively and be prohibited from engaging in extraneous merchandising activities. However, we realize that this would infringe on many vested interests and is not politically feasible. It might be practical to separate a pharmacy into a pharmacy and a variety store as two separate entities. While we are not specifically recommending this separation, we do feel that this proposal has some merits and deserves further study.





Recommendation No. 3 - Repeal  
of the Patent or Proprietary Medicine Act:

This Act, which permits marketing  
of secret formula remedies may have been good  
legislation when it was introduced, but in 1970  
it is an anachronism. It should be repealed and  
any necessary changes and additions to the Food and  
Drug Act, with respect to the manufacture and label-  
ling requirements, be made in its place. Pharmacists  
cannot advise on suitability, toxicity, and inter-  
actions when they are denied by law a knowledge of  
the contents of a patent or proprietary medicine.  
Physicians are impeded when treating overdosage of  
drugs whose formula is not on the label.

Recommendation No. 4 - Advertising  
and Labelling:

The Food and Drug Act should be  
reviewed with respect to regulations covering  
advertising claims and innuendos permitted. Also,  
a review of labelling requirements of OTC drugs  
would be in order. Our written brief mentions a  
few examples where precautionary statements are  
required in the U.S., but not in Canada.

Recommendation No. 5 - Increasing  
Co-operation Between Physicians and Pharmacists:

With respect to prescription drugs  
our written brief mentions that methods to increase  
rapport and co-operation between physicians and  
pharmacists need to be found. Increased co-operation  
and dialogue would lead to better understanding of





mutual problems such as the refilling of prescriptions where there is a fair amount of drug abuse appearing, and the advice that the pharmacists gives when dispensing prescriptions. Such co-operation would also stimulate the physician to use the pharmacist more as a source of drug information. Some pharmacies send a monthly newsletter to physicians in their areas and these are on recent drug developments, and we have found that this is one useful method of increasing co-operation with the physician.

6. The Advisory Role of the Pharmacist:

Our written brief mentions several situations in which the pharmacist should advise people about how to take their prescription drugs. Pharmacists need to be authoritatively told that this advice is their responsibility to give, as well as the physician's responsibility. Some pharmacists are timidly afraid that by giving this advice they would be stepping on the physician's toes.

Recommendation No. 7 - Repeat Prescriptions:

Physicians and pharmacists should be encouraged to insist that patients return for new prescriptions when the repeats on the original prescription are finished.

Recommendation No. 8 - Patient Medication Records:

Patient medication records are useful to the patient since they help the pharmacist



1 in checking dosages, preventing allergic reactions  
2 and undesirable drug interactions, and generally  
3 improving the quality of drug therapy. Since their  
4 use is not as yet standard practice, pharmacists  
5 should be encouraged to maintain and use such records.

6 Recommendation No. 9 - Name of the  
7 Drug on the Prescription Label:

8 The name of the drug should routinely  
9 appear on the prescription label for purposes of  
10 identification by the patient, the physician, the  
11 pharmacist and the hospital staff. This recommendation  
12 is the same as recommendation Number 123 of the  
13 report of the Committee on the Healing Arts which  
14 reported last month in the province of Ontario.

15 Recommendation No. 10 - In order  
16 to get -- this recommendation is for the Encourage-  
17 ment of the Public to get all Drug Supplies at the  
18 Same Pharmacy:

19 In order to get the maximum amount  
20 of advice and warning where required, people should,  
21 as far as practical, obtain all of their drug  
22 requirements at the same pharmacy. This pharmacy  
23 would then have the records available and be familiar  
24 with the family situation and could more adequately  
25 serve the family's needs.

26 Recommendation No. 11 - The  
27 Pharmacist and Drug Misuse and Abuse:

28 The pharmacist is a logical person  
29 to participate in educational activities aimed at  
30 the public. This can be both directly in the community





1 and also in co-operation with other agencies. This  
2 would be in addition to activities in the pharmacy  
3 and the supplying of educational literature within  
4 the pharmacy. Four pharmacists of our County  
5 Association have, since last September, spoken to  
6 about 5,000 people on the subject of drug abuse  
7 and misuse. This has been to groups ranging in  
8 size from a dozen to 300 people. Most of this  
9 activity has been co-ordinated by and in co-operation  
10 with the local Addiction Research Foundation.

11 The Foundation and the Ontario College of Pharmacy  
12 are jointly sponsoring a four day seminar next week  
13 on the subject, "The Pharmacist and Drug Abuse  
14 Education". Such pharmacist oriented and public  
15 oriented educational activities are very worthwhile  
16 and should be encouraged.

17 We hope that this verbal presenta-  
18 tion will be considered with the background documenta-  
19 tion of our written submission. We feel that pharma-  
20 cists have an important contribution to make in  
21 educating the public to use drugs in a responsible  
22 way. It has been our purpose in our submission, to  
23 indicate to the Commission ways in which the pharma-  
24 cist can act to ensure responsible over-the-counter  
25 and prescription drug use. Our hope is that by its  
26 recommendations the Commission will make concrete  
27 suggestions to enable and permit pharmacists to  
28 make improvements where necessary and accept the  
29 responsibilities for which they are trained.

30 We respectfully submit this verbal





1 presentation, along with our written brief, for  
2 your consideration, and we hope the content of our  
3 brief will be helpful to the Commission.

4 In conclusion, we would like to  
5 express our appreciation for this opportunity to  
6 appear and present our views. We would welcome  
7 any questions that are referred to you, on the content  
8 of either the written or verbal presentation.

9 THE CHAIRMAN: Thank you, Mr. Chiles.

10 Would Mr. Watt care to add anything  
11 at this time?

12 MR. WATT: I think Mr. Chiles has  
13 expressed our views. We were both involved in the  
14 written brief, and we would invite any questions on  
15 possible drug interactions or problems encountered  
16 with OTC drugs -- over-the-counter drug, that is,  
17 non-prescription misuse.

18 THE CHAIRMAN: Your contact -- would  
19 it be true to say that your contact is mainly with  
20 adult drug use?

21 MR. WATT: Yes, in the major portion  
22 of our practice, it does deal with adult use, in  
23 prescription and in over-the-counter.

24 THE CHAIRMAN: What are the  
25 prescription drugs that are most commonly dispensed  
26 by you to adults?

27 MR. WATT: On a regular basis --  
28 of course, you have the general disease conditions  
29 such as high blood pressure, diabetes, epilepsy --  
30 on a regular basis, and on an occasional basis, we



1 would encounter a lot of pop medicines and anti-  
2 biotics, but on a regular basis, as well, I would say  
3 mood-altering drugs, tranquillizers, anti-depressants,  
4 sleeping capsules; appear on quite a regular basis.  
5 They would have to fit into that grouping.

6 THE CHAIRMAN: What is your opinion  
7 of the volume of such drug -- what is your impression  
8 of the volume prescribed generally. Does it strike  
9 you as being moderate, or not moderate?

10 MR. WATT: I would classify it as  
11 more than moderate. Probably, in relation to the  
12 duration of time in which these drugs are taken,  
13 probably we could understand certain periods of  
14 anxiety experienced by individuals, but on a prolonged  
15 basis, it becomes difficult to rationalize this  
16 type of use, where rather, maybe a week's therapy  
17 on a sleeping capsule or anti-depressant, to get over  
18 possible anxiety -- it does not work that way.

19 THE CHAIRMAN: Do you see incidents  
20 of regular, steady consumption?

21 MR. WATT: I don't have statistics  
22 to prove this, but ---

23 THE CHAIRMAN: Well, knowing the  
24 volume of prescriptions you are dispensing, does  
25 this professionally raise any problems for you,  
26 within your mind, professionally, or are you satisfied  
27 when you have a prescription in your hands?

28 MR. WATT: It is rather difficult.  
29 As we expressed in our written brief, there are  
30 certain lines of communication set up, and it is our





1 responsibility to notify the doctor or to get  
2 authorization from him to repeat these prescriptions.  
3 If you see a barbiturate is being used for a pro-  
4 longed time, we do make an effort to mention that  
5 this patient obtained this original prescription,  
6 say, in October of last year, and it's been repeated  
7 every month since then, and possibly the dosage  
8 has been increased or they are taking it at a greater  
9 frequency than indicated. And we do make some attempt  
10 to mention this. But we cannot do anything officially  
11 to say, "Okay, he has gone far enough, and now we  
12 suggest that you stop this patient on this medication."  
13 This is overstepping.

14 THE CHAIRMAN: What is it over-  
15 stepping? In other words, you say you can't, as  
16 a pharmacist, refuse to/repeat a prescription even  
17 though you feel that the use has long ceased to be  
18 medical use. It is now non-medical use, possibly  
19 even a dependency. What is it that would prevent  
20 you from dispensing -- is it simply that you cannot  
21 refuse to sell or the law prevents you?

22 MR. WATT: We do have the right  
23 to refuse to sell. The problem is, what end would  
24 it achieve? The doctor is very positive in his  
25 ideas, of his rights -- he has rights to prescribe  
26 these drugs. The patient has come back and requested  
27 that his prescription be refilled. He has initiated  
28 the action. If the doctor has agreed to provide  
29 it ---

30 THE CHAIRMAN: We are told, though,



1 that there is a problem here. We have been told  
2 several times in our hearings across this country  
3 that there appears to be excessive or immoderate  
4 use of these drugs, prescription drugs, by adults.  
5 And this is a problem requiring some control or  
6 intervention.

7 Now, you have come before us and  
8 expressed your concern as pharmacists about this  
9 problem. How is this control to be made effective  
10 if you feel you cannot take initiative. And you  
11 are in the front line, so to speak, observing the  
12 thing. You feel inhibited. How is this to be dealt  
13 with? Is this something we are going to speak about  
14 piously and say, "There is nothing we can do, because  
15 for some reason or another the pharmacist is in-  
16 hibited and the physician is inhibited, and they  
17 can't get together." What is the answer?

18 THE PUBLIC: Could you use the  
19 microphone, please?

20 THE CHAIRMAN: I usually have to say  
21 that. Thanks.

22 MR. WATT: I would say that changes  
23 in repeating -- repeat legislation, or in laws  
24 governing repeats, that forces the patient to go back.  
25 Instead of calling his pharmacist and saying, "I want  
26 some more of these", and the pharmacist acts as  
27 his mediator to go to the doctor and request this,  
28 if there was direct contact between the patient and  
29 the doctor, this would improve ---

30 THE CHAIRMAN: How, in practice, is





1 the repeat prescription issued, from your personal  
2 knowledge?

3 MR. WATT: In standard practice,  
4 the patient will get in touch with the pharmacist  
5 and the pharmacist has the prescription on file.  
6 The pharmacist calls the doctor's office. At this  
7 stage, normally, the doctor's receptionist, or his  
8 nurse, takes the call and either checks it out, and  
9 in many cases, does not check it out.

10 THE CHAIRMAN: Checks what out?

11 MR. WATT: Mentions to the doctor  
12 that this patient has requested a repeat on his  
13 prescription.

14 THE CHAIRMAN: In other words, in  
15 some cases the receptionist speaks to the physician  
16 and in other cases, she doesn't?

17 MR. WATT: In other cases, not.

18 THE CHAIRMAN: But, in no such cases  
19 do they call the patient in to ascertain the need  
20 for this?

21 MR. WATT: I can't say, in no  
22 such cases.

23 THE CHAIRMAN: Well, I shouldn't ---

24 MR. WATT: In normal procedures,  
25 this is not the standard practice.

26 THE CHAIRMAN: It is not done in  
27 normal practice?

28 MR. WATT: It is done in certain  
29 circumstances, but in normal practice ---

30 MR. CAMPBELL: What would your



1 responsibility be if you found that a physician  
2 was consistently prescribing outside the limits of  
3 generally accepted use of particular drugs. There  
4 must surely be men whose competence slips with age  
5 or years away from medical school who, in their  
6 prescribing practices, are not following good practice,  
7 and, I suppose, to that extent, are dangerous to the  
8 public. Do you feel that you have any responsibility  
9 to initiate action against them -- to see that their  
10 practice is stopped?

11 MR. WATT: Yes, we do have a course  
12 of action that we can take. Of course, the first  
13 line of action is to mention this to the physician  
14 and determine what type of response you get if you  
15 mention to him that this patient is abusing the drug,  
16 they are taking excessive doses for long periods of  
17 time; your first line of action, of course, would  
18 be to mention this to the physician and express your  
19 concern. If you do not attain satisfaction in this  
20 line, then, in Sarnia we have a second line, where  
21 we go to the Physicians' Association, and beyond  
22 that, it would come right to, possibly, a report  
23 to the College of Physicians and Surgeons. Or,  
24 depending on the type of drug, it may be a report  
25 to the Food and Drug. If it is something like a  
26 barbiturate, a sleeping capsule, it will go auto-  
27 matically. We maintain records of this, and this  
28 goes directly to the Narcotic Control.

29 THE CHAIRMAN: So, as I understand  
30 this, Mr. Watt -- I want to get this clear. When a





1 patient comes to you and says, "I would like some  
2 more of this drug", and a repeat prescription would  
3 be necessary, you would call this physician's office.  
4 Generally, you would speak to the receptionist and  
5 the receptionist will give oral confirmation of the  
6 repeat prescription over the phone, and in many cases  
7 not consulting the physician?

8 MR. CHILES: This is mentioned,  
9 Mr. LeDain, at page 23 of our brief. We feel this  
10 is a major area of the problem.

11 THE CHAIRMAN: What is to prevent  
12 you from -- as pharmacists, from saying that, "We  
13 should facilitate this practice. We will have to  
14 tell the patient he or she will have to apply to  
15 the physician."?

16 MR. CHILES: This is what we would  
17 recommend. This is what we are trying to do.  
18 However, if we do not have the co-operation of the  
19 physicians, it is futile.

20 THE CHAIRMAN: What do you mean by,  
21 the co-operation of the physicians?

22 MR. CHILES: If you tell a patient,  
23 "I am sorry, the repeats have run out. You will  
24 have to go back to the doctor to get another pres-  
25 cription", the patient will phone the physicians  
26 office and the office will phone and say -- the  
27 doctor will phone and say, "Look, why don't you phone  
28 me in the information regarding this repeat before  
29 -- rather than have the patient do it, and I can look  
30 at my records and phone you back, and give you the



1 authorization." But, the problem with that method  
2 is, as we mentioned, that there is no contact between  
3 the patient and the physician, and the pharmacist  
4 is acting as an intermediary. The pharmacist's  
5 records are always available. It is a question of  
6 the physician wanting<sup>to know:</sup> "How many times did they have  
7 this drug? What other drug<sup>are</sup>/they are on?" We're  
8 still available, if they go directly to the physician.  
9 We think this is the preferable method.

10 DR. LEHMANN: What is your evidence  
11 that there is no contact between the patient and  
12 the physician?

13 MR. CHILES: We ask the people  
14 frequently, and find out that there hasn't been.

15 DR. LEHMANN: How often do you ask  
16 them?

17 MR. CHILES: Percentagewise, very  
18 frequently, especially in the case where there is  
19 someone taking too much.

20 DR. LEHMANN: What kind of contact  
21 should there be between the physician and the patient?

22 MR. CHILES: If the patient is on  
23 a maintenance drug, let's say, something for high  
24 blood pressure, to stabilize ---

25 THE CHAIRMAN: I would just like  
26 to signal the presence of our colleague on the  
27 Commission, Professor Marie Andree Bertrand, who has  
28 been unable to attend recent hearings because of  
29 illness, and we are very happy to have her back with  
30 us.





1                   Excuse me. Did I interrupt you?

2                   DR. LEHMANN: Yes. Well, there are ---

3                   THE CHAIRMAN: Are you going to  
4 throw some light on this from the physician's point  
5 of view?

6                   DR. LEHMANN: There is quite an  
7 accusation towards the medical profession, and the  
8 implication all along has been, they are rather  
9 irresponsible, they can't be bothered, that they will  
10 just routinely repeat dangerous prescriptions, they  
11 will do it through their nurse or secretary, they are  
12 ill-informed, as Dean Campbell just said, very often,  
13 and don't know what are the practices. You say they  
14 will not see the patient, they will not communicate  
15 with you, and they are responsible for very irrespon-  
16 sible drug practices.

17                   Now, let me just ask you, what are  
18 your criteria of what is dangerous or irresponsible  
19 drug practice? You used -- you mentioned the barbi-  
20 turates. If somebody comes with a repeat for  
21 meprobamate or glutethimide or noludar or librium  
22 or valium, you will always, after the second or  
23 third time, ask the doctor to recheck, or what?

24                   MR. CHILES: I think I would like  
25 to clarify. We certainly didn't mean to give the  
26 impression that physicians generally are an irrespon-  
27 sible group and we should get rid of them. We are  
28 talking here, of course, about where there are  
29 problems that need to be corrected. Therefore, we  
30 tend, mistakenly, to give the emphasis that things



1 are worse than they really are. I think you have  
2 to keep that in mind.

3 DR. LEHMANN: So you dramatize it  
4 a little.

5 MR. CHILES: We are talking about  
6 the problems.

7 THE CHAIRMAN: But it is, neverthe-  
8 less, your impression that there is a use made of  
9 stimulants, barbiturates and tranquillizers that is  
10 in excess of what you would consider, as a pharmacist,  
11 to be reasonable medical requirement?

12 MR. CHILES: There are too many  
13 occasions when this occurs. Now, you were asking me  
14 about my criteria, I think, and I didn't get around  
15 to that.

16 DR. LEHMANN: Yes.

17 MR. CHILES: The criteria vary,  
18 I think, with the drug; with the patient. If the  
19 person is getting up to three or four sleeping  
20 capsules every night, this seems to be excessive,  
21 obviously. But, even one every night, if it is not  
22 really needed, is excessive.

23 DR. LEHMANN: How would you know?

24 MR. CHILES: This is the problem.  
25 How do we know? And the Chairman asked this question  
26 before, "Why don't we take more initiative if we  
27 feel it is a problem." We don't know the diagnosis,  
28 the condition the drug is being prescribed for, in  
29 many cases, and it is difficult to step in and say,  
30 "Look, Doctor, you are making a mistake", when we





1 don't know the diagnosis, and we don't know the  
2 patient's personal, psychological; family difficulties,  
3 in many cases. Therefore, we may suspect that there  
4 is something wrong, but we have no way of knowing,  
5 and to step in and say, "There is something wrong  
6 and you have got to do something", would be over-  
7 stepping the mark.

8 DR. LEHMANN: No, I don't agree  
9 that you have no way of knowing, because you could,  
10 of course, speak to the physician who is making the  
11 prescription and not take the secretary's answer as  
12 valid.

13 MR. CHILES: This, we try to do,  
14 of course.

15 DR. LEHMANN: Well, if you do this,  
16 most reasonable physicians, and there must be some,  
17 will certainly give you a reason of why they want  
18 to prescribe a barbiturate, for example, let's say,  
19 for a year or two; that the patient may not be  
20 capable of responding to psychotherapy, that the  
21 only way of maintaining him functioning, with his  
22 chronic anxiety state, would be to have him on  
23 tranquilizers, chlorprocaine, and so on.

24 And if you would -- do you think  
25 there are many physicians, if you get through to  
26 them, who would say, "It is none of your business"?  
27 If you are worried, "Well, that's not my worry",  
28 or would most physicians give you an explanation?

29 MR. CHILES: Most physicians would  
30 give the explanation, and do give the explanation.



1 Some feel, I don't know, 20% -- some do not.

2 One area we have missed here, that  
3 we have touched closely to, is the problem of the  
4 patient who goes to more than one physician, and  
5 this is a situation in which, as far as possible, and  
6 using our record cards, if there is more than one  
7 pharmacist involved, we check the information. Here,  
8 of course, you get complete physician co-operation  
9 when you phone up the various physicians and let  
10 them know the drug history, of what has been going  
11 on, with several physicians, for the same patient  
12 or family.

13 DR. LEHMANN: In other words, coordination,  
14 communication and co-operation with the physician  
15 would appear to me, from what you say, a very important  
16 area in which one should focus one's efforts, but you  
17 didn't -- your recommendations do not contain any  
18 suggestion to have, well, let's say, discussions or  
19 meetings, communication meetings with physicians on  
20 drugs. You want to give out your own drug information  
21 to the physicians and to the patients, but a two-way  
22 communication is not being suggested.

23 MR. CHILES: Our written brief does  
24 mention that.

25 DR. LEHMANN: I see.

26 THE CHAIRMAN: Dean Campbell?

27 MR. CAMPBELL: I would like to go  
28 back to this question I raised with you before. Do  
29 you run across cases where -- not the individual  
30 cases where you get suspicious, but where you get





1 suspicious of the general prescribing pattern of  
2 the physician, if he is over-prescribing, seems to  
3 be using certain drugs that are recognized as dangerous  
4 very frequently? Do these cases, presumably, arise,  
5 or do they?

6 MR. WATT: There are bound to be a  
7 number of cases where, through what we have read,  
8 or what we have encountered, where we don't agree  
9 with a certain line of therapy. Now, this doesn't  
10 necessarily involve mood-moderating drugs. There are  
11 certain situations where you have read reports where  
12 drugs are not really that useful in certain lines.  
13 So there are bound to be areas where you don't agree  
14 with the physician. But, as you are probably well  
15 aware, in the medical field, it isn't -- every situation  
16 is not cut and dried. You will find some physicians  
17 who say, chlorophenatol or chloromycetin should never  
18 be used unless the patient -- as a last resort, and  
19 you will find another one who will use it on every day  
20 cases.

21 MR. CAMPBELL: Coming back to the  
22 more strictly psychoactive drugs, do you find cases,  
23 and do other pharmacists find cases, where some  
24 physicians would appear, simply on a comparative  
25 basis, to be making grossly inordinate use of these  
26 drugs, or whether they are prescribing what would  
27 appear to be significantly high dose levels, beyond  
28 the dose levels ordinarily used?

29 MR. CHILES: At the meeting our  
30 Association had with the executive of the County



1 Association in February of this year, this matter  
2 was raised, and we asked the question of the physicians,  
3 "What do you feel we should do if a physician is, say,  
4 over-prescribing, or seems to be over-prescribing  
5 amphetamine and barbiturate combinations?", and the  
6 physicians at the meeting were concerned that much  
7 of the use of these drugs by themselves and their  
8 fellows, was not really proper use. Therefore, they  
9 suggested, "Well, if you feel someone is using more  
10 than they should be, then please come to our County  
11 Association, and we will see if we can do something  
12 about it."

13 MR. CAMPBELL: How often have the  
14 pharmacists approached the County Association?

15 MR. CHILES: We approached them --  
16 I personally approached them, informally, about six  
17 months ago, prior to this meeting. There has not  
18 been any formal approach by the Association in  
19 specific cases. There may have been others on an  
20 individual basis. There haven't been any, that I know  
21 of, since the meeting I referred to.

22 MR. CAMPBELL: Do you feel, yourself,  
23 that there are ordinarily available, adequate safeguards  
24 to the public against the incompetence of particular  
25 physicians in their prescribing habits of psychoactive  
26 drugs?

27 MR. CHILES: That's rather difficult  
28 to answer.

29 MR. CAMPBELL: That is a very  
30 important question.





1 MR. CHILES: Yes. It is so difficult  
2 to know. For instance, if a psychiatrist is using --  
3 take a psychiatrist, for example -- is using four  
4 different psychoactive drugs to treat a particular  
5 condition. Whether this represents inappropriate  
6 use it is hard for us to know or even to question  
7 on it, because we haven't got any basis for question-  
8 ning. And it is fairly standard practice, that this  
9 is done, in many cases. And in some cases out of  
10 these, where they are using four drugs, it must  
11 represent inappropriate therapy -- 2%, 10%, 50%, I  
12 don't know, but it is hard for us to know which  
13 cases and what percentage.

14 MR. CAMPBELL: Let us say that there  
15 is 5%, 4%, it doesn't matter. If there is 4% of  
16 inappropriate prescribing, let us say, of the ampheta-  
17 mine -- a pretty dangerous drug -- are there, at  
18 present, adequate safeguards to the public against  
19 inappropriate prescribing by physicians?

20 MR. CHILES: I don't think so.

21 MR. CAMPBELL: What would you  
22 suggest would be adequate safeguards to eject into  
23 the society to protect the public from this sort of  
24 practice, whether it is incompetence, or whatever?

25 MR. CHILES: We did mention in our  
26 brief the increased co-operation between the physician  
27 and the pharmacist in the mechanism of getting  
28 repeats on prescription. As far as we are concerned,  
29 ourselves, we try as much as possible, when we see  
30 an individual possibly getting into trouble with, say,



1 an amphetamine, we have a consultation room off  
2 our waiting room, which is also our library, and  
3 we just take the person in and talk to him for a  
4 few minutes to see if they are still seeing their  
5 physician or how they are getting along, a little bit.  
6 If it appears that the person has not seen the  
7 physician for some time; maybe it is the case of  
8 the physician whose nurse authorizes them, and we  
9 don't know if she is asking the physician; we will  
10 then make a point of calling the physician and  
11 saying, "Well, so and so has been on this for a  
12 long time. I have talked to him and we do not  
13 seem to be getting anywhere, and apparently he hasn't  
14 been in to see you. Should we carry on repeating this?"

15 If you approach it in that way,  
16 I think you have good control.

17 MR. CAMPBELL: Out of the literature  
18 that is made available to you, the pharmacists and  
19 the physician, by the drug companies, promotional  
20 materials, do you feel that there is adequate  
21 attention drawn to the drug interactions and  
22 dangers of drugs, notably the psychoactive  
23 drugs?

24 MR. WATT: I don't feel that there  
25 is adequate information given out along this line.  
26 I draw to your attention the "Medical and Pharma-  
27 ceutical Sciences" which lists all the active drugs  
28 and these drug interactions not just of the  
29 psychoactive, but of other drugs, are not listed  
30 in detail. So that this information, unless you





1 have other sources, other than textbooks, or readily  
2 used textbooks, like the accepted pharmacology texts,  
3 the drug interactions that can occur with these,  
4 and some dangerous / <sup>ones can</sup> occur with the psychoactive --  
5 normally they are mentioned. Take for example, the  
6 anti-depressant, allegal, can interfere with drugs  
7 that are used in hypertension -- it can stop this  
8 action -- this isn't mentioned. Take, Parnate, which  
9 is an inhibitor. Now, this is a fairly known one  
10 and it does list it. It is well documented. It does  
11 list a lot of interactions that can occur, and the  
12 generally accepted one -- if you have one C & S  
13 depressant, and you have another one with it, you  
14 can expect an antidote effect, just through common  
15 sense in using it. But there are a lot of other  
16 ones that ---

17 MR. CAMPBELL: Let's take the  
18 amphetamines specifically. It has been known for  
19 some time, that these drugs are dependency producing  
20 drugs. Has this not been widely brought to the  
21 physicians' attention -- I'm not talking about  
22 this year, but since this knowledge was available  
23 to the manufacturers? Do you think they have taken  
24 adequate steps to inform the pharmacists and inform  
25 the physicians of these characteristics of the drugs?

26 MR. CHILES: I would think so, if  
27 I may just interject here -- because this matter  
28 was discussed at a pharmacists-physician meeting,  
29 and one of the physicians suggested that maybe we  
30 should take steps in our own Association to state that



1 amphetamines could only be prescribed for narcolepsy  
2 and hyperkinetic children. There was by no means  
3 unanimous approval of that. Certainly, they were  
4 all aware of the problem.

5 MR. CAMPBELL: Well, the amount of  
6 amphetamines prescribed goes far beyond the incidents  
7 of narcolepsy in the population.

8 MR. CHILES: Yes, that is right, but  
9 they were aware of the problem. I will say that the  
10 use of amphetamines over the last five years, has  
11 decreased very substantially.

12 MR. CAMPBELL: Let me ask you one  
13 other question. You are calling for a much more  
14 active role by the pharmacist. Do you, as a pharma-  
15 cist, feel confident about the general tendency  
16 of pharmacists to keep abreast of the literature,  
17 who have been trained -- let us say those who left  
18 universities ten, fifteen, twenty years ago, to  
19 cope with the much more complex chemistry that is  
20 involved, to comprehend <sup>the</sup> much more complex drug scene?  
21 Generally speaking, do pharmacists in Canada maintain  
22 themselves with continuing education that is  
23 necessary to adequately <sup>prepare them to</sup> play this role that you are  
24 suggesting?

25 MR. WATT: I would say that the  
26 basic training, in the education system, gives the  
27 pharmacist a good starting basis to perform this role.  
28 Now, whether or not the pharmacist maintains this,  
29 it is left up to the individual, the same as it is  
30 in any profession, whether it be the medical profession



1 or a health related profession. It is left up to  
2 the individual.

3 Now, there is a bit of a problem  
4 because this role is just evolving -- I would say  
5 just in the last few years, the pharmacist is  
6 becoming more involved because drug interactions  
7 and problems of this nature are being brought to  
8 the front, and pharmacists are taking this up. But,  
9 as you know, in any line, if you are not using this,  
10 people can't possibly maintain their standards if  
11 they are not called upon to use them. And, as we  
12 are gradually being required to use them more, being  
13 forced by the nature of it to study more, to keep  
14 up and become more involved in the health profession  
15 that pharmacy was originally intended to be, and  
16 that possibly, at some stage, has strayed from.

17 But, as you say, as the drugs do  
18 become more complex,<sup>as</sup> the chemical and physiological  
19 effects become a greater problem, the pharmacies  
20 are being called upon, and their basic training is  
21 good enough, and the experience is what is being  
22 required.

23 Now, we in our practice are  
24 getting a lot of experience; we are being called  
25 upon to write reports for the doctors, to investigate  
26 certain things, to do the occasional case study,  
27 and we are getting the necessary experience to  
28 perform this function.

29 MR. CAMPBELL: You are doing this.  
30 But my question was, in general. You talk to a lot





1 of pharmacists, you go to meetings. I know this is  
2 an embarrassing question to ask you about your  
3 profession. But, in my profession, in universities,  
4 there are incompetent professors. We know this.  
5 There is no sense hiding from it. It is a very  
6 critical issue. And notwithstanding the fact that  
7 this is, perhaps, an embarrassing question, in general,  
8 do pharmacists keep up with their profession? Do they  
9 take extra courses? they read the journals?

10 MR. CHILES: My feeling is that they  
11 don't do it enough.

12 MR. CAMPBELL: Why? Is your  
13 Association doing anything?

14 MR. CHILES: Mr. Watt is Director of  
15 Education Committee of  
16 the/ our Association, and the members of our own  
17 Association have to prepare lectures monthly to  
18 deliver to our Association and to review the pharma-  
19 cology and specific groups of drugs. And we have  
20 this in our Association. This is the main effort.  
21 The Ontario College of Pharmacy at the provincial  
22 level has seminars from time to time. It also has  
23 courses that are held at the University of Toronto  
24 in the evenings through the winter. But, of course,  
25 in Sarnia, we can't attend them. They have a lot  
26 of plans. The Director of Education/planning a lot  
27 of activities to increase this.

28 The concern with education seems  
29 to have increased dramatically within the last  
30 three or four years. I would probably have to give  
a "no" to your question, but I think things are looking



1       very  
/encouraging compared with what they were recently.

2                   MR. STEIN: You indicated at the  
3       outset that you were making this presentation just  
4       on behalf of you two. It is an individual presenta-  
5       tion. I would be interested in knowing what the  
6       response of your local association is, to recommenda-  
7       tions related to restriction of display. I presume  
8       this is something you must have talked about amongst  
9       the pharmaceutical group in Sarnia. Is this some-  
10      thing in which there is any receptivity to? Are  
11      you odd men out in this recommendation in light of  
12      what you have described as your particularly unique  
13      pharmaceutical arrangement, in the way you dispense  
14      drugs in your operation?

15                  MR. WATT: Restriction of displays --  
16      of course, these men are pharmacists, but they are  
17      also businessmen. This will influence their business  
18      to a certain extent. But, I think we have taken  
19      it to the extreme to have no display whatsoever,  
20      but restricted display could also be supervised  
21      display. It would depend upon your interpretation  
22      of restricted display.

23                  MR. STEIN: My question is, is  
24      there any receptivity to this in any form? I think  
25      part of the problem that we are trying to unravel  
26      here is, to what extent are you models of res-  
27      ponsible drug distribution, or to what extent can  
28      you be a responsible model in this question of  
29      responsibility in drug use? And you have cited your-  
30      selves, that where the real paradox is, is that the





1 businessman who is pushing the drug on the one  
2 hand, is also a pharmacist trying to help the  
3 community become responsible in its drug use.  
4 I think you have to recognize there is a basic  
5 problem of credibility, and I am wondering whether  
6 your association, locally, or even on a provincial  
7 level, is grappling with this, is even struggling  
8 with it?

9 MR. WATT: The receptivity of this  
10 is not great. They are not that enthused with our  
11 ideas, probably for this paradox that I have  
12 mentioned. We personally feel that it will become  
13 greater as we can make people realize that by  
14 practising their profession as it is, to get away  
15 from the strong competitive nature of the profession,  
16 it will enable us to perform these other functions.  
17 But, this is a lot -- it has to start somewhere;  
18 it has to done and it has to start somewhere and  
19 they are not welcoming us with open arms, like I  
20 say, but they are aware of the problem and I think  
21 are gradually seeing it. Like, we speak to them,  
22 "Are your Contac C's and antihistamines by the  
23 cash register any more?" Like, in talking to them,  
24 "Are you still displaying Gravol or (Isotrol histamine)?"  
25 and it is that kind of a problem with the addiction --  
26 like, not addiction, but abuse, such as Gravol.  
27 So we are gradually pulling that off the shelf,  
28 222's are off the shelf, and by watching this  
29 supervised display, they are gradually seeing, "Well,  
30 there seems to be an excess of amphetamines being used",



30 MR. CHILES: I'm afraid that is true.



1 MR. STEIN: And that, it seems to  
2 me, has a great deal of impact on your overall  
3 desire to see the pharmacists take a lead in the  
4 areas that you have suggested. I don't want to say  
5 it is quite that black and white, but I think that  
6 it has some very real, grave, implications for your  
7 other recommendations.

8 MR. WATT: It is possible -- one of  
9 the possible reasons for this is that pharmacy is  
10 gradually being taken out of the hands of the  
11 pharmacists. We have big corporate interests now  
12 in this line, who are employing pharmacists to  
13 perform this function. The day of the small pharma-  
14 cist owning his own business ---

15 THE CHAIRMAN: You mean, it is like  
16 the automobile dealers, the automobile companies  
17 and the dealers, very closely tied in? Maybe the  
18 analogy is not helpful. Forget about it.

19 It is just a shot in the dark.

20 DR. LEHMANN: Could I get some  
21 conceptual clarity into this? What is wrong with  
22 displaying drugs; over-the-counter drugs? Why would  
23 you feel this should be eliminated?

24 MR. WATT: Because they are too  
25 readily accessible to people who are ill advised  
26 on their use. The psychological aspect of it, of  
27 having this mass display -- well, to give you an  
28 example, a neighbour of mine, who, I should have  
29 thought, would be a little better informed than that,  
30 took a bottle of Vicks Formula 44 and just tipped





1 it back while he was driving up north, because he  
2 just picked it up in the grocery store. It is a  
3 patent medicine, there is no problem with it, and  
4 he considered it quite safe until he passed out on  
5 the seat.

6 DR. LEHMANN: What you say is,  
7 that certain drugs might be dangerous if they are  
8 not supervised. But you didn't make the case for  
9 every drug. What is wrong with wheat germ, rye,  
10 brewer's yeast, Vitamin C, being on display?

11 MR. WATT: Partially, it would be  
12 the misuse. Not just abuse, but misuse of these  
13 drugs. Like, you can have a vitamin preparation on  
14 display and available for the family, but for people  
15 to know what their daily requirements are, some of  
16 them have doubled the amount of Vitamin A that is  
17 necessary for a daily requirement.

18 DR. LEHMANN: I mentioned Vitamin C  
19 and wheat germ.

20 MR. WATT: Well, of course, there  
21 are certain -- I am not saying ---

22 DR. LEHMANN: In other words, you  
23 want to protect their pocketbook

24 MR. WATT: This is something that  
25 is going to have to be studied. I'm not going to  
26 go through an entire list and say, "This one is  
27 restricted; this one isn't; this one should be---"

28 DR. LEHMANN: You said all drugs,  
29 there should be no drugs displayed, and I just  
30 wonder why ---



1 MR. WATT: If this is the opinion  
2 we conveyed -- it is not -- we feel that there are  
3 a lot that should be restricted, but we haven't  
4 prepared a list. Of course, I think there would  
5 be exceptions to this. There are some drugs that  
6 could be put out, but this is ---

7 DR. LEHMANN: Do you think that  
8 it might be -- I am pushing this now -- do you think  
9 it might conceivably be of some benefit, to certain  
10 people, if they buy a drug and take a daily --  
11 even if their physiological vitamin requirement  
12 of Vitamin C may not necessarily call for it, but  
13 that it might give them the feeling that they are  
14 doing something that helps their stamina, and,  
15 therefore, well, their anxiety level might be  
16 lowered, and they might conceivably benefit from  
17 doing this?

18 MR. CHILES: Possible effect.

19 MR. WATT: That would probably be  
20 an acceptable explanation for it.

21 MR. CHILES: I would agree with you.

22 DR. LEHMANN: I have to make a  
23 case for you, apparently.

24 MR. CHILES: I mentioned in the  
25 verbal presentation that certain things are very  
26 safe, really, some of the mouthwashes, and so on,  
27 that we think could be available anywhere. But,  
28 we didn't go through, as Mr. Watt said, and line  
29 them up. We think analgesics, especially, should  
30 be restricted in their distribution. The person who





1 is coming in and getting a hundred A.S.A. tablets  
2 every few days certainly would -- we soon would  
3 notice that there was a problem there, and we could  
4 discuss it with him, "Well, do you really need that  
5 high a dose; how many people are taking it?" And  
6 discuss possible side effects.

7 DR. LEHMANN: So the need would be  
8 for individually examining the danger or hazard  
9 potential of very drug?

10 MR. CHILES: Right. The C.M.A.  
11 brief mentioned something about a federal committee.  
12 I am not sure, an Advisory Committee on Drugs, whether  
13 this would be the committee -- whether it would be  
14 a new committee, federal or provincial, to investigate  
15 particular drugs, study the toxicity and so on, and  
16 decide whether they would fall into a "No Display"  
17 classification and restricted distribution classi-  
18 fication. This would have to be gone into in detail,  
19 and I'm just trying to indicate the lines that we  
20 feel it should follow.

21 MR. CAMPBELL: You are not the  
22 first pharmacist who has suggested a restriction on  
23 the sale of drugs, say, in grocery stores, hardwares  
24 and elsewhere. I don't mean for one moment to impugn  
25 your integrity in asking this question, but it has  
26 crossed my mind that if only pharmacists could sell  
27 aspirin and only pharmacists could sell Alka Seltzer  
28 and things like this, this would, in fact, rather  
29 enhance the revenues of the pharmacists. If you  
30 got the business the Dominion Store now gets in



1 aspirin, this would be economically advantageous  
2 to the pharmacist And so, I think that there is  
3 the potential for wondering, when pharmacists raise  
4 this from time to time, that there isn't a real  
5 conflict of interest.

6 MR. CHILES: There is.

7 MR. CAMPBELL: Because if a person  
8 is going to get a hundred aspirin, even with every-  
9 thing you suggest, and you want to talk to him  
10 about it and he finds that a nuisance, the odds are  
11 he will go to the other friendly corner drug store  
12 that will sell him a carload lot.

13 MR. CHILES: Right.

14 MR. CAMPBELL: Is, in fact, the  
15 sale of these drugs, economically, through the other  
16 outlets, economically a significant question for  
17 pharmacists?

18 MR. CHILES: No, I don't think it is.

19 MR. CAMPBELL: Do many pharmacists  
20 see their revenues being hurt by the grocery stores?

21 MR. CHILES: I suppose, to a certain  
22 extent, but they are not -- I don't think many are  
23 going broke because of it, except in the case of  
24 the small village. So many of these are closing up.  
25 There, obviously, it is the straw that is breaking  
26 the camel's back.

27 I think in our presentation we  
28 mentioned the restriction of display would greatly  
29 decrease sales. Now, whether taking our two recom-  
30 mendations along this line together, whether there



1 would, in effect, be more sales in pharmacies,  
2 I don't know. There may well be less.

3 MR. CAMPBELL: I was interested in  
4 page 19 of your written brief. You cite that  
5 study of sixty independent pharmacies ---

6 MR. CHILES: Yes.

7 MR. CAMPBELL: Twenty with display,  
8 twenty with increased supplies, and twenty with no  
9 change, and 61% increase in sales as a result of  
10 display. Now, that is pretty good evidence that  
11 displays are good merchandising. But, I notice,  
12 and, at least, I think I am right, that you don't  
13 suggest a restriction on other advertising of drugs.  
14 Am I correct that, in your brief, you don't say  
15 that mass television advertising, mass magazine  
16 advertising of these drugs should be restricted or  
17 prohibited? You just talk about advertising in a  
18 drug store.

19 MR. WATT: We had considered that  
20 as a problem, but we felt it was asking a little  
21 bit too much. What we suggested in our written  
22 brief is, that if this is to continue, if all of  
23 this mass advertising is to carry on, then it is  
24 necessary to have someone available to distinguish  
25 between these products for the public.

26 Now, you can have four different  
27 types of cough preparations, so if you happen --  
28 they are all referred to as cough preparations, but  
29 they all contain different ingredients to do  
30 different jobs. Now, if they are advertised just as





1 Brand "X" cough preparation, the public might be  
2 treating a cough with antihistamines and decongestants  
3 intended just for the head, and there is nothing in  
4 it for the cough at all. So, rather than -- we felt  
5 that advertising is a big problem, but it is a  
6 pretty rough one to take on.

7 MR. CAMPBELL: Ideally.

8 MR. WATT: Ideally, yes, to have  
9 a little more discretion used.

10 MR. CAMPBELL: Many professions  
11 act to cancel the licence of their members for  
12 faulty practice. The lawyers disbar people reasonably  
13 frequently. Does your association cancel the  
14 licence of your members very frequently? The reason  
15 I am asking this is, an awful number of people  
16 tell me you can buy Preludin pretty easily. A pharma-  
17 cist prescription drug, but it is no real problem  
18 if you want speed, to get it at the drug store.  
19 I have been told this an enormous number of times,  
20 and I am wondering what reason there is why your  
21 own association has not stopped this practice.

22 MR. CHILES: There is very stringent  
23 policing. You could get accurate figures from the  
24 Ontario College of Pharmacy if you would like to,  
25 as to the number of suspensions of licences and  
26 cancellations, caused by incidents of the type you  
27 mentioned, and I think the Ontario College of  
28 Pharmacy could give you the accurate statistics.  
29 There are cancellations and suspensions, but I don't  
30 have the figures.



1 MR. CAMPBELL: Your feeling is  
2 that it is adequate?

3 MR. CHILES: I don't know. I don't  
4 have the figures and I am not familiar with the  
5 large city problem. There isn't a problem of this  
6 type in our locality, and I really don't know, in  
7 a large city.

8 I have a question here someone  
9 handed me from the audience.

10 THE CHAIRMAN: Go ahead. Would you  
11 like to read it?

12 MR. CHILES: The question was:  
13 "How about a person using Seconal, forging his  
14 doctor's signature, and having prescriptions filled  
15 at a dozen different pharmacies? It happened".  
16 In a big city he could do this easily, where there  
17 is little communication between doctors and pharma-  
18 cists.

19 I don't know to what extent this  
20 happens in the large city. It happens occasionally  
21 in our city. As far as we know, in every case in  
22 which it has happened, the person has been apprehended  
23 by the local police, because of forging a document  
24 Because we are familiar with the handwriting of all  
25 the physicians in the area. If it is an out of town  
26 prescription for Seconal, or a narcotic, any  
27 controlled drug, then we would phone the physician  
28 and verify if he wrote the prescription. In the  
29 larger cities, this is more difficult to control,  
30 and I am sure it happens. I don't know the extent,





1 and it is a difficult problem.

2 THE CHAIRMAN: Any other questions  
3 or comments from anyone else present?

4 Yes?

5 THE PUBLIC: I would like to ask  
6 Dean Campbell -- if I may -- why he refers to a  
7 conflict of interest with pharmacists, when so far  
8 we have heard something of a conflict of interest with  
9 physicians, who, themselves, are under pressure from  
10 their patients. It seems to me a little bit unfair  
11 when you talk about that conflict of interests, of  
12 a pharmacist if he, on the one hand, wishes to have  
13 one outlet, and at the same time wishes to put down  
14 display which could possibly reduce his own sales,  
15 and then, how you can not manage to have conflict  
16 of interests, of physicians and their patients, to  
17 keep a supply up, because of an unexpressed senti-  
18 ment that they cannot go to another doctor. Is there  
19 a factor here of the public demand that we are not  
20 looking at?

21 MR. CAMPBELL: If there had been  
22 a physician here, I would have raised that possible  
23 conflict of interests, but this is a pharmacist, and  
24 I simply wanted his opinion. There are many potential  
25 conflicts of interest all over the place in this  
26 area.

27 THE CHAIRMAN: That will be enough.

28 MR. CAMPBELL: I'm also getting it  
29 to the druggist -- get a physician up and I will ask  
30 him.



1 THE CHAIRMAN: He has not shown  
2 that he will be tender to any of the professions.

3 MR. CAMPBELL: Including the academic.

4 THE CHAIRMAN: Mr. Chiles, I wonder,  
5 have you any proposals, practical proposals, to handle  
6 this problem of the prescription shop, as emphasized  
7 in your written brief, and how can that be controlled,  
8 in your opinion?

9 MR. CHILES: You mean a person going  
10 to several physicians?

11 THE CHAIRMAN: Yes. To several  
12 physicians, several pharmacists. What can be done?  
13 Have you any ideas on that?

14 MR. CHILES: I can tell you of the  
15 various ways that we discover it; when it is discovered.  
16 Number one is with the record card system, having  
17 the family down on a card. And a second way is by  
18 having regular pharmacist meetings, some of them  
19 formally in a hospital setting, where we get a chance  
20 to talk about various things, and informally chat.  
21 And in these cases we come up with, "So-and-so goes  
22 to your store too? And what does he get there?  
23 And through what doctors?" These are two ways that  
24 we now find "bad actors", if you want to put it that  
25 way.

26 It has been proposed that maybe  
27 some day in the not too distant future, that instead  
28 of having patient record cards, individually at one  
29 pharmacy, that there would be a joint effort by all  
30 pharmacies in the area, to have them represented by



1 a computer, and this would cull out the problems.  
2 Whether this would be practical; I have investigated  
3 it myself and it is too much money, but that is a  
4 possibility for the future. I don't really have  
5 any other recommendations.

6 In a smaller city, such as the one  
7 we represent, Sarnia, usually the problems are  
8 discovered and dealt with at this time. In the  
9 larger city, again, it is more difficult.

10 THE CHAIRMAN: Could you reach the  
11 microphone, please?

12 THE PUBLIC: Sir, I would like to  
13 ask you -- in any way, is your recommendation connected  
14 with CODA?

15 MR. CHILES: No, I'm not connected  
16 with CODA. I have done volunteer work on behalf  
17 of the Addiction Research Foundation, but I have  
18 no connection with CODA.

19 THE CHAIRMAN: Would it be indiscreet  
20 of me to ask what you feel is the significance of  
21 that question?

22 THE PUBLIC: Yes, sir. I was at  
23 some CODA meetings in Toronto and heard some of  
24 their recommendations, and I wondered, like, the  
25 connection, mainly in objection to some of their  
26 educational programs with use of the Lockheed  
27 Foundation from the United States. And I was  
28 wondering, if, in any way, any of these recommendations  
29 had been affected by this.

30 THE CHAIRMAN: Well, thank you very





1 much, Mr. Chiles, and Mr. Watt, for your assistance.  
2 Thank you.

3 We note that your brief contains  
4 a very comprehensive and detailed analysis of the  
5 possible danger of specific over-the-counter drugs,  
6 and it is one of the most comprehensive things we  
7 have received on the subject so far.

8 We call now on Dr. John Thurlow,  
9 Student Health Counsellor, and Dr. Murray Boyce,  
10 Advisor in Psychiatry to the Student Health Service,  
11 University of Western Ontario.

12 I wonder if I could just ask the  
13 ladies and gentlemen, just sitting there at that  
14 table, there.

15 That table is in a bad location  
16 and we cannot see you. I don't want you to go to  
17 the back. If you could just move the table over a  
18 bit more so that we could see the witnesses without  
19 drawing back from the microphone. Thank you very  
20 much.

21 Dr. Thurlow?

22 DR. THURLOW: Mr. Chairman, I will  
23 be brief. I am not here to present any researched  
24 documents or present any comprehensive picture of  
25 the drug scene at the University of Western Ontario,  
26 but simply to offer a few observations of someone  
27 who is working with students, at times, at the  
28 University, who are involved with the use of  
29 hallucinogenic drugs.

30 There are really only a couple of



1        comments I would like to make.

2                        The first one is, that though  
3        there is not well documented evidence to support  
4        this, I think it has become pretty clear that the  
5        University of Western Ontario usage of what I would  
6        call, the heavy drugs, the more potent hallucinators,  
7        is relatively low, compared with the younger age  
8        group, the group in high school. We do not have  
9        the survey that was done by the A.R.F. in London,  
10       or in Toronto, and the supposition that I'm making  
11       here is based on our own clinical impressions,  
12       working with students, information from students,  
13       based partly on information from people like  
14       Dr. Boyce. The number of high school students  
15       vastly outnumber the University of Western Ontario  
16       students, presented with drug crises.

17                      Now, I wonder, if this is true,  
18       I wonder why? I would suspect two reasons. One,  
19       decreased vulnerability, perhaps. Perhaps an  
20       increased sense of risk in shooting amphetamines  
21       and so on; perhaps a little less susceptibility to  
22       group pressure. And the second reason is rather an  
23       intriguing one, and I don't know, really, what to  
24       make of it, but I think there might be a natural  
25       selection factor coming in here already, and this  
26       might be more apparent as years go by.

27                      As the student runs the gamut of  
28       the drug scene in high school, they get seriously  
29       affected by this, that they would never make it  
30       to college, so you get a natural selection of





1 survival of the fittest. Mind you, you must  
2 remember, I'm talking about the University of  
3 Western Ontario. Perhaps, in another universities  
4 the situation is somewhat different. Perhaps it is  
5 different at Waterloo, Laurentian, Toronto; I don't  
6 know. Perhaps Western is unique in that way. It  
7 may also be that the problem has not erupted to the  
8 surface.

9 To the best of my knowledge, that  
10 is the state of affairs.

11 The second comment that I wanted  
12 to make deals with cannabis, tetrahydrocannabinol,  
13 in its three forms as marijuana, hashish, or, as  
14 I understand, crystalline THC, is now available.  
15 We have encountered a few students, and I hear from  
16 other medical sources, rather informally, of two  
17 problems that have come up with the use of hashish,  
18 used heavily and chronically. And these two problems  
19 are, first of all, a rather curious lack of initiative  
20 that can occur, which, clinically, strikes one, at  
21 first, as depression, and then I find, in talking  
22 further with the person, that other evidence of  
23 depression does not seem to be there. It seems to  
24 be the lack of ability to initiate any kind of  
25 activity. We have never encountered this with people  
26 who have used hashish infrequently.

27 The second thing that gives us some  
28 concern is this whole curious problem of flashbacks  
29 or echos, and it is widely known, in the medical  
30 community, drug community, and elsewhere, that potent



1 hallucinators such as LSD or the new JB group  
2 of compounds, can produce flashbacks. That is, the  
3 person can go days, weeks, months, or up to two  
4 years, I have heard say, after use of the compound,  
5 re-experience the trips, the hallucinations.

6 Now, I think there is increasing  
7 concern now, that this may occur with hashish. Mind  
8 you, someone can always advance the proposition  
9 that the hash was cut with some other chemical, that  
10 is, it was mixed with one of the JB group of compounds  
11 or LSD or something. However, I think this warrants  
12 serious concern. Obviously, a person who is  
13 flashing back or echoing a week or so after having  
14 taken a hallucinogenic drug, the hideous image in  
15 my mind is somebody going along the 401 and getting  
16 into very serious trouble in that way.

17 There is a very startling lot of  
18 good, substantial, scientific evidence on the prolonged  
19 use of hashish which must be forthcoming. I think  
20 the kinds of hypotheses I have just thrown out there  
21 in the last few minutes should be substantiated  
22 with sound research. What is with this lack of  
23 initiative? Is it really a hashish effect or is it  
24 a figment of our own imagination? What happens with  
25 flashbacks? What are they? Can they occur with  
26 the THC compounds as well as with the more potent  
27 hallucinators?

28 I would just add two very brief  
29 footnotes to all of this, and, if you will pardon  
30 me, to introduce my own personal biases, and I am



1     sure you have heard a thousand, so one more, perhaps,  
2     won't hurt. It is my own position that research,  
3     the kind outlined, should receive any, wide open  
4     legalization of any of the hallucinating compounds  
5     of hashish, and it is also my own personal opinion,  
6     and I am sure you have heard this many times before,  
7     that penalties for possession of marijuana should  
8     be reduced immediately, and more attention be given  
9     strictly to the amphetamines, and the more potent  
10    hallucinators, although I have advanced cautions  
11    and concerns medically about teenage use of hashish,  
12    specifically ---

13                   THE CHAIRMAN: I'm sorry, I missed  
14    those last words.

15                   DR. THURLOW: Although I have  
16    advanced cautions, medically, about the use of hashish  
17    and place much more risk on that group than, for  
18    example, the others.

19                   THE CHAIRMAN: Dr. Boyce?

20                   DR. BOYCE: The preparation for  
21    this, as the appraisal I had given as to what I might  
22    encounter, this would be a more informal situation,  
23    and I haven't prepared a formal brief, and the  
24    situation I am going to address myself to is one  
25    I am most familiar with, and that is, I am dealing  
26    with university students, and perhaps, emphasizing  
27    what I may have encountered in the way of use of  
28    drugs, illicit drugs, among students, and particularly  
29    students at Western.

30                   The background in this regard is





1 that I am advisor to the Student Health Service  
2 and have been functioning in this role more or less  
3 eight years, formally so in the last four years.  
4 But, I do have a fair background of what sort of  
5 problems university students have been running into.  
6 And the relationship, as far as Dr. Thurlow and I  
7 are concerned, is, I think, worth focusing on a bit.  
8 I think it was in 1966 -- '65 to '66 -- that there  
9 were enough emotional health problems that we were  
10 encountering on the campus here, that we felt we  
11 needed a counselling service. So it was at that  
12 time that Dr. Thurlow did come here as a counsellor,  
13 and the way things have been followed as far as  
14 management is concerned; Dr. Thurlow is a medical  
15 doctor, also a degree -- an M.A. in Psychology. He  
16 has handled, as a physician and as a counsellor,  
17 the problems that are probably animated in nature  
18 as far as severity is concerned, and it has evolved  
19 that he has seen most of the people that are involved  
20 in any way in problems with respect to drugs on the  
21 campus here at Western, and the student population  
22 now is about 12,000. And his experience has been  
23 a minimal one, and I think he can, perhaps, enlarge  
24 on this, but it has been nearly entirely related  
25 to people that have had some problem with marijuana.  
26 And it is, again, a very small number.

27 Those that have gone on, where  
28 they have wanted consultation or have a psychiatrist  
29 take over in management, these have been almost none.  
30 I personally have seen -- I can think of two or three



1 at the moment, students I have seen, from Western,  
2 with serious problems, or any problem that is focused  
3 primarily around drugs. The experience in this past  
4 year, and my colleagues, their experience has been  
5 more or less the same. I suspect, but I don't know,  
6 that the Alcohol Research -- Addiction Research  
7 Foundation in the city, has experienced a few more,  
8 but again, in most settings, the bulk of people that  
9 are having drug problems are of a younger age group.

10 Those university students that I have  
11 seen that have had problems are now drop-outs from  
12 university, and hardly any that are involved in this  
13 university -- often there are people who come from  
14 the centre, London or St. Thomas, or some centre  
15 around here, who have gone to some other university,  
16 Toronto, Brock, UBC, that have dropped out of studies  
17 like that, and gone home and have been heavily  
18 involved in drugs, some of them often -- usually  
19 drugs like LSD or amphetamines, and that sort of  
20 proposition.

21 In the last couple of years,  
22 Dr. Thurlow and I have been on committees devoted  
23 to looking into drug use on campus. Neither of us  
24 or any of the (unintelligible) we have been involved in  
25 have really felt that there is a need for any  
26 serious detailed researching or study to go on on  
27 campus. We have talked to students. We both teach  
28 as professors at the university. We are both involved  
29 in treatment. And, as I say, both of us have had  
30 quite a background as far as contact with students,





1 all students, is concerned.

2 On both of these committees we  
3 have been on, we have studied or looked into and  
4 considered the use of marijuana primarily, or drugs  
5 in general, and our findings really have been, the  
6 problem is not a large one, the estimate possibly --  
7 there may be up to even a thousand or perhaps more  
8 people who may use marijuana on this campus, it is  
9 believed. As far as those with problems are concerned,  
10 these are minimal, and probably there would be less  
11 than fifty in a year, probably less than that.

12 THE CHAIRMAN: That is, the cases  
13 which you have encountered?

14 DR. BOYCE: Yes.

15 THE CHAIRMAN: Your estimate in  
16 cannabis, you would say about 50 a year, 50 problems?

17 DR. BOYCE: I would say less.  
18 I function mainly -- I am Director of Out-Patient  
19 Services at the larger general hospital in the city.  
20 And in psychiatry.

21 THE CHAIRMAN: But your general  
22 impression of the relative extent of drug use and  
23 the seriousness of it, effects of it, from your  
24 particular vantage point on the campus, and it is  
25 your impression from your contact, that, as you put  
26 it, there are relatively few drug problems,  
27 exclusively ---

28 DR. BOYCE: In this university  
29 population.

30 THE CHAIRMAN: In this university



1 population. And your own impression is that mari-  
2 juana use might be as low as one in twelve, one  
3 thousand, of the university population of 12,000.

4 DR. BOYCE: Yes.

5 I heard a comment from the audience.  
6 This is a guess. In the committee of six of us,  
7 we found from ten to twenty-five percent may be  
8 regular users.

9 THE CHAIRMAN: Ten to twenty-five  
10 percent?

11 DR. BOYCE: The tentative figure --  
12 the experimental figure---

13 DR. THURLOW I think in the experimental  
14 use the figure is much, much higher.

15 THE CHAIRMAN: So the one in twelve  
16 figure would be beyond the ---

17 DR. BOYCE: This would be regular  
18 use.

19 THE CHAIRMAN: And as high in  
20 experimental -- in all use, including experimental  
21 use, might be considered as what?

22 DR. BOYCE: Fifty percent.

23 THE CHAIRMAN: Now, you said --  
24 as I understood you to say, Dr. Boyce, that the  
25 problems that Dr. Thurlow had encountered, he had  
26 seen all of them, pretty well all of them on the  
27 campus, were mostly marijuana. That's what I heard  
28 you say.

29 DR. BOYCE: That's true.

30 THE CHAIRMAN: What do you mean by



1 a marijuana problem, as a physician.

2 DR. BOYCE: I would ask Dr. Thurlow.

3 DR. THURLOW: First of all, in  
4 regard to marijuana, I think hashish is a much more  
5 popular substance, I have heard. I restrict the  
6 word, "marijuana", to the popular word, "grass" and  
7 exclude hash.

8 DR. BOYCE: Hash has been more  
9 available.

10 DR. THURLOW: Hash has been more  
11 available than grass or marijuana.

12 THE CHAIRMAN: What is the main  
13 method of administration? Is it smoked?

14 DR. THURLOW: Smoked.

15 THE CHAIRMAN: To what extent have  
16 you encountered the ingestion of hash?

17 DR. THURLOW: I would say very rarely.

18 THE CHAIRMAN: Very rarely.

19 And the problems then, as I under-  
20 stand, that were referred to, are in these two --  
21 mainly these two categories mentioned in your brief,  
22 Dr. Thurlow, the amotivational syndrome, the phenomenon  
23 of flashbacks; correct?

24 DR. THURLOW: Correct.

25 THE CHAIRMAN: Have you encountered  
26 with hash, any sort of bad trips, you know, reactions?

27 DR. THURLOW: Yes. And I think  
28 the greatest panic reactions I have seen; and here  
29 we are talking in very, very small numbers, I am  
30 not presenting any kind of an impressive survey, I am





1 talking about a very, very small group, but I think  
2 some of the greatest panic reactions can be, perhaps,  
3 from flashbacks from marijuana, from hashish, where  
4 the person does not expect it. If a person gets a  
5 flashback from LSD, they are expecting it. They  
6 say, "Aha, I am just having a flashback from LSD."  
7 They do, from hash, in that the culture of the drug  
8 user, this is not popularly known and so they think  
9 they have simply gone psychotic.

10 THE CHAIRMAN: What would be the  
11 effect of these flashbacks in various sorts of  
12 situations of work or play? Let us take, for example--  
13 supposing a student got a flashback while writing an  
14 examination. What would be -- what could be the  
15 effect of that?

16 DR. THURLOW: Academic disaster.

17 THE CHAIRMAN: Disaster? What is  
18 happening to the student's mind at that point?

19 DR. THURLOW: I am going beyond my  
20 depth. I guess the only answer is, I don't know.  
21 If we are talking about flashbacks from hashish,  
22 I would caution you that what I have said is specu-  
23 lative. If we are talking about flashbacks from a  
24 more potent hallucinator, then I suppose the student  
25 begins to hallucinate; usually they are very trenchant,  
26 last only a few minutes, so he may be able to rally  
27 his resources and get back to the task at hand,  
28 providing the panic hasn't gotten to the point where  
29 he just can't cope any longer.

30 THE CHAIRMAN: What would be the



1 effect of a flashback if one was driving, that came  
2 upon one when driving?

3 DR. THURLOW: In my answer, as  
4 speculative, I would suppose a motor vehicle accident  
5 would be most likely.

6 THE CHAIRMAN: Would it affect  
7 psychomotor ability?

8 DR. THURLOW: Very definitely. 7

9 THE CHAIRMAN: Supposing an error --  
10 well, I don't suppose that is my point -- I don't  
11 want to frighten myself.

12 DR. LEHMANN: I wonder if I might  
13 ask -- and it is not a very fair question of  
14 Dr. Boyce, and that is, how he would interpret the  
15 reaction of the audience when it was mentioned that  
16 there would be academic disaster if a flashback  
17 occurred during writing an examination. What was so  
18 funny about it?

19 DR. BOYCE: I would like to hear  
20 your impression first.

21 You have a point, I think, to make.

22 DR. LEHMANN: No, I don't want to  
23 give my own interpretation. There are various  
24 possibilities. The audience simply might not think  
25 that this is likely to occur and it is a ridiculous  
26 assumption, or they may think that examinations are  
27 ridiculous, or that academic failure is ridiculous.  
28 Now, I don't know ---

29 DR. BOYCE: As far as the first  
30 is concerned, certainly I have encountered one chap





1 who was at a private school, had taken LSD and was  
2 having a flashback. It was his first experience,  
3 and it did wreak havoc as far as his function in  
4 the examination was concerned. He left during the  
5 middle of the examinations. I don't know whether he  
6 was in the middle of one at that time, but he became  
7 very panicky and very paranoid and saw many things,  
8 and many people threatening ---

9 THE CHAIRMAN: Professor Bertrand?

10 PROFESSOR BERTRAND: I would like  
11 to ask both Professor Thurlow and Professor Boyce,  
12 what is the probability that a student, having a  
13 serious problem after having taken any drug, would  
14 go to the Student Health Counsellor for help?

15 DR. BOYCE: I will give my thoughts  
16 first, because Dr. Thurlow is a counsellor, and  
17 briefly, I would say, it is reasonably likely that  
18 they would. I think there is a good climate -- a  
19 feeling, about the counselling service.

20 DR. THURLOW: I think this would  
21 change from time to time. My off-the-top-of-the-  
22 head reaction would be, "Not very likely", at the  
23 moment. But, I think that people who are getting  
24 into problems with drugs are coming to the counselling  
25 division in increasing numbers, even though the  
26 numbers are small. And I think this is because,  
27 perhaps, they need some help, and perhaps you get  
28 some reputation of confidentiality, and so on. But,  
29 I think it is increasing, but you didn't see anybody  
30 a year ago, and I am sure there are a lot of people



1 getting problems. And, yes, I would hope next  
2 year we would see more, but the general answer at  
3 the moment, no, I don't think most of the problems  
4 would need medical attention.

5 DR. BOYCE: Would you class these  
6 as a problem?

7 DR. THURLOW: Yes. When I said  
8 produce problems in that sense, I meant the relatively  
9 minor problems that one encounters with a heavy and  
10 consistent use of hashish in contrast with someone  
11 injecting amphetamines, and the more potent use.

12 THE CHAIRMAN: What do you consider  
13 a heavy use of hashish? What are we talking about --  
14 about smoking?

15 DR. THURLOW: Well, I would say  
16 something like a couple of times a week, prolonged  
17 for a couple of months.

18 THE CHAIRMAN: In other words,  
19 prolonged, regular use?

20 DR. THURLOW: As far as I know.

21 DR. BOYCE: I don't really have any  
22 thoughts on that because I have not seen that many  
23 people with hashish problems.

24 THE CHAIRMAN: Well, Dr. Thurlow,  
25 as I understood, you said twice a week for several  
26 months, two or three months, would constitute an  
27 example of heavy usage, referred to in your brief  
28 which might lead to these effects, amotivational  
29 syndrome and flashbacks.

30 DR. THURLOW: I might say, Mr. Chairman,



1 that this flashback with hashish is speculative.  
2 It is the kind of thing that has been commented  
3 on, but -- there is Dr. Gordon Johnson working at the  
4 hospital Emergency here, and I have seen, myself,  
5 cases which I am sure are like this, but this is  
6 speculative. I would also like to add that I think  
7 most people who use hashish encounter no problems.

8 THE CHAIRMAN: When you say "specu-  
9 lative"--you have just said you have encountered  
10 cases which would have to be described as flashbacks.  
11 It could not be attributed, as I understand, to recent  
12 usage -- I did not express that very well.

13 DR. THURLOW: What I really mean  
14 is that there is a difference between clinical opinion  
15 and valid experimental data. In the cases that I am  
16 referring to, I would say, to the best of my medical  
17 judgment, this is what is happening, and this is  
18 insufficient conclusion on insufficient evidence.  
19 Research, hopefully, would reach sufficient conclusions.

20 THE CHAIRMAN: Have you seen this  
21 phenomenon with marijuana?

22 DR. THURLOW: We encounter marijuana  
23 so rarely in London that I cannot think of anybody  
24 who has just been smoking marijuana. I think hash  
25 is so popular it is hard to find anyone using  
26 marijuana.

27 THE PUBLIC: I don't possibly see  
28 how you could put LSD and hash on the same level.  
29 They are two entirely different drugs. LSD is a very  
30 heavy hallucinogenic drug, and hash is just clearly





1 mild. And I have never heard of anyone having a  
2 recurrence on hash, ever. I mean, it is practically  
3 inconceivable that some people would have a recurrence  
4 on hash. I mean, you could hear everybody snicker.  
5 Acid, yes, I could see that. They would have  
6 recurrences. But, I mean, my God, hash give recurrence --  
7 they are just not the same drugs at all. They are two  
8 different drugs entirely. You just cannot compare  
9 them. And you are talking about them in the same  
10 breath.

11 THE CHAIRMAN: I did not know we were  
12 talking about LSD.

13 THE PUBLIC: Well, that is what you  
14 get recurrences from, right, LSD, acid?

15 THE CHAIRMAN: We are talking about  
16 flashbacks.

17 THE PUBLIC: Which you get from acid,  
18 right?

19 THE CHAIRMAN: You were saying that  
20 you get them from acid.

21 THE PUBLIC: Definitely, you get  
22 them from acid. That has been proven. But I have  
23 never read any medical proof that you get recurrences  
24 from hash. This is the first time I have heard people  
25 mention it.

26 THE CHAIRMAN: Well, Dr. Thurlow  
27 has testified that in his own experience he has seen  
28 cases of adverse effect which he definitely attributes  
29 to flashback phenomenon from hash, but he recognizes  
30 that this is something that requires further study,



1 as I understand.

2 As I understand, it is the best  
3 clinical explanation you, as a physician, can give  
4 now on what you saw.

5 DR. THURLOW: Precisely.

6 THE PUBLIC: Excuse me. How did you  
7 get the impression that people get flashbacks from  
8 hash? Did they just tell you that they had been  
9 smoking hash, or what?

10 DR. THURLOW: Again, I would like  
11 to repeat what I said a little while ago, that when  
12 you are not doing careful scientific research, you  
13 have the problem that the hash may have been cut, and  
14 again, I would like to repeat, that we have no valid  
15 scientific evidence that flashbacks occurred with  
16 hashish. I am introducing this as a postulative.  
17 It is conceivable that the hash was cut with hallucina-  
18 tors.

19 MR. CAMPBELL: And these were  
20 individuals with whom you were satisfied there was  
21 no acid experience?

22 DR. THURLOW: You cannot be sure  
23 that the hash may be cut with another compound. I am  
24 told you could cut hash and smoke it with a potent  
25 hallucinator, and get the effects of the hallucinator.

26 MR. CAMPBELL: You were satisfied  
27 they had not used acid as acid?

28 DR. THURLOW: Yes.

29 THE PUBLIC: Had they not used acid  
30 at all prior to the tests, running with hash? Could





1 they not have dropped acid at another time?

2 DR. THURLOW: Again, this is some-  
3 thing that makes me cautious, but I think it is  
4 inappropriate here. I am not talking about a large  
5 number of people. I am talking about my impression  
6 of a very, very small group, and saying there is a  
7 certain amount of noise going on in the medical  
8 profession about this, from other corners.

9 Again, I cite Dr. Dave Lewis, who is  
10 of Harvard Medical School and again, this is his clinical  
11 impression. Again, at the risk of repeating myself,  
12 I do not interpret what I say as a clinical hypothesis  
13 which ---

14 DR. LEHMANN: Perhaps it should be  
15 noted that LSD has been used by hundreds or thousands  
16 of experimenters before the flashback phenomenon was  
17 recognized. And, at first, I remember quite dis-  
18 tinctly, simply not believing it. I thought this was  
19 a fantastic kind of probably hysterical reaction, and  
20 it could not possibly be true as a pharmacological  
21 effect. But now it is known and generally accepted.  
22 It is almost household knowledge. But it took many  
23 years before it was recognized, and many hundreds  
24 of users.

25 THE PUBLIC: I think one of the  
26 things you should take into consideration is the  
27 information you are getting from the audience now,  
28 as after many years of personal experience, and they  
29 are saying, "I have smoked hashish for several years  
30 and did not get flashbacks."



1 THE CHAIRMAN: Is that what you are  
2 saying?

3 THE PUBLIC: Yes, quite a while.

4 THE CHAIRMAN: Thank you.

5 THE PUBLIC: I would like to question  
6 Dr. Thurlow.

7 THE PUBLIC: We can't hear, we can't  
8 hear.

9 THE CHAIRMAN: If you could go to  
10 the mike, please, if it is possible. Thank you.

11 THE PUBLIC: I wanted to question  
12 Dr. Thurlow with respect to the students he sees,  
13 because as I understand it ---- (portion inaudible)  
14

15 DR. THURLOW: No, that is not true.

16 THE PUBLIC: Well, I know some  
17 students who have tried it and they have been advised  
18 by Health Services that they should go see the Dean  
19 of Women or the Dean of Men, the Dean at the Residence,  
20 before they can get an appointment. And because of  
21 this, they have not -- and I would question that you  
22 are accurate in trying to say that you have seen  
23 a great deal of the student population.

24 DR. THURLOW: First of all, there  
25 are two issues here. I'm not sure that this is of  
26 interest to the Commission here. All I can say is  
27 that a lot come to Student Health Services, and I  
28 will certainly look into that, that people demanding  
29 information do not get it.

30 The second thing about extrapolation,



1 I do not think I can possibly qualify any more  
2 than what I have said, other than saying once again,  
3 I have never tried / and I am not trying to extrapolate  
4 valid conclusions. I am simply presenting what one  
5 guy is saying, in working with three cases. I am  
6 not trying to extrapolate.

7 THE CHAIRMAN: Thank you.

8 THE PUBLIC: I would like to ask  
9 Dr. Thurlow -- when you mentioned you didn't agree  
10 with legalization until you could see some more  
11 research done, what research was done in the illegal-  
12 ization of marijuana? What research was done in the  
13 illegalization of marijuana to bring it to the point  
14 where you have a self-confessed class of criminals  
15 on campus at university, which surely is a problem?  
16 Twenty-five percent, by your estimate, are criminals.  
17 What research went into the illegalization of mari-  
18 juana?

19 DR. THURLOW: I think the question  
20 is a complex one. If I want to answer, I guess the  
21 easiest way to answer it, is simply to say, "I get  
22 your message", and say what I said before, that I  
23 disagree with the marijuana laws. That is my  
24 personal viewpoint at the moment. I don't think  
25 you really meant the question as you specifically  
26 stated it.

27 As far as I know of the research,  
28 it is ~~portion~~ ~~inadequate~~.

29  
30 THE PUBLIC: You mentioned that





1 medically toxic people that you have seen were  
2 purely depressed or lethargic, and I want you to  
3 clarify that, if you feel that this could be isolated  
4 to the personality of the person and not definitely  
5 the responsibility of the drug. And the second  
6 question I would like to ask you is, do you have any  
7 way of determining whether the person was, before  
8 chronic use of hash at all, whether the person was  
9 energetic, wasn't lethargic? Do you feel this could  
10 be changed? Do you have any way of determining,  
11 before the use of this? Do you feel you might be  
12 seeing a very small segment of people who, before  
13 the use of the drug, were already lethargic and  
14 not motivated to anything?

15 THE CHAIRMAN: Professor Bertrand?

16 I'm sorry, I did not give Dr. Thurlow  
17 an opportunity to answer.

18 PROFESSOR BERTRAND: I was going to  
19 raise the same point. I think you said you saw a  
20 lack of initiative occurring after some use. I was  
21 going to ask you if you take that as an effect of  
22 the drug?

23 DR. THURLOW: First of all, I don't  
24 think most people who use hashish -- there are two  
25 kinds of problems that I am postulating -- either  
26 the amotivational syndrome (pertinent: incredible)

27  
28 Do I personally think it is an  
29 effect of the drug? In the very few cases that I  
30 have seen, yes. In more cases, that Dr. Lewis has



1 seen, he would say, yes. There is no valid experi-  
2 ment to back this up, and I am saying that for  
3 about the twelfth time.

4 DR. BOYCE: I think it might help  
5 if Dr. Thurlow did give fairly accurate numbers of  
6 how many people he has seen with this problem. You  
7 can give reasons for that.

8 DR. THURLOW: That is a difficult  
9 question to answer because it is difficult to define  
10 hashish problems. If you mean something that I think,  
11 the almost exclusive result of the use of hashish,  
12 I would say, oh, half a dozen, or something like that.

13  
14  
15 portion of smoking ban

16  
17  
18  
19 THE CHAIRMAN: Other questions?

20 THE PUBLIC: You said you had a  
21 few cases of people having trouble with (inaudible)  
22 Dr. Heron, who is a leader at the R.A.F. has  
23 had no problems whatsoever with anyone who has had  
24 problems with hashish or marijuana specifically.

25 DR. THURLOW: I think in any clinical  
26 area where there hasn't been much valid research done,  
27 I think you can find a different answer with each  
28 physician you talk to, and I would only add that you  
29 are just getting one guy's opinion here. You ask  
30 Dr. Heron and you get something different. And if you





1 ask Dr. Gordon Johnson, who has had, probably, just  
2 as much experience as Dr. Heron, he would give you  
3 a different answer.

4 THE PUBLIC: And also on your point  
5 about the lack of clinical investigation; there have  
6 been 264 major reports on marijuana and its effects.

7 DR. THURLOW: I'm sorry, I didn't  
8 hear you.

9 THE PUBLIC: There have been 264  
10 major reports done on the effects of marijuana.

11 DR. THURLOW: Do you want to comment  
12 on that?

13 THE CHAIRMAN: No, just to say that  
14 it is possibly 265.

15 MR. CAMPBELL: I would like to go  
16 back to the first point you raised, that is, the  
17 difference in the drug use patterns between high  
18 school and university students, and you mentioned  
19 specifically the amphetamine use in the high school  
20 level. One of our earlier -- in fact, at a couple  
21 of our earlier hearings, it was suggested to us that  
22 this might be indicative of rather high general  
23 levels of depression in high school populations, that  
24 are not found in the university population. Do you  
25 have any comment on this particular hypothesis?

26 DR. BOYCE: Frankly, I never saw  
27 it from that standpoint.

28 MR. CAMPBELL: A case was made to  
29 us, I think in the Toronto hearing, I could be wrong,  
30 it doesn't matter -- but this particular investigator



1 suggested speed use could be seen as a factor, first  
2 of all, of, what he described, was, virtually, academic  
3 depression in high school. And secondly, that the high  
4 school population was much more likely than the  
5 university one to, in general, feel a sense of power-  
6 lessness, and this, again, he hypothesized, could be  
7 linked to frequent ---

8 DR. BOYCE: I tend to agree with the  
9 latter. Possibly, the high school student does feel  
10 less powerful than the university student. I would  
11 generally see it as not necessarily, though, a higher  
12 level of depression in the high school students. Here  
13 I am speaking generally, because I haven't seen that  
14 many high school students, except for the later years  
15 of high school. But, I feel that there is this  
16 general difference, not necessarily because of the  
17 depression, but more of the idea that people at the  
18 age of, say, twelve to eighteen or nineteen are  
19 generally more active, perhaps, physically, and  
20 generally more likely to present their distress,  
21 their discomfort, by way of ~~unintelligible~~  
22 And, I think, that such things as drug taking would  
23 fall into this category more readily. And I think  
24 this, traditionally, has been the way that people in  
25 this age group do handle things, whereas, the  
26 university student might get depressed or feel  
27 alienated or get panicky, and not necessarily do  
28 something behaviourally. He will sit there and  
29 experience his distress, perhaps, and not act out  
30 or do something insofar as behaviour is concerned.



1 MR. CAMPBELL: There have been a  
2 number of reports in the press recently suggesting  
3 fear that there will be an increase in heroin use  
4 in the next few months. Have you seen any evidence  
5 of this, or do you share this particular anxiety?  
6 Do you see any factors in the situation that would  
7 produce this?

8 DR. BOYCE: Personally, I have not  
9 encountered -- I have encountered only one person  
10 involved in any serious way with heroin, and this  
11 was two years ago. I, personally, don't know whether  
12 this is likely to happen. As you are, perhaps,  
13 purporting, it is hearsay. My colleague has cautioned  
14 as to what might happen, a psychiatrist in the city.  
15 I don't know. I haven't any grounds myself, to say  
16 I can see that likely to happen. I don't know.

17 MR. CAMPBELL: Do you feel that there  
18 are any general factors in the society that should  
19 be looked into as being particularly important, of  
20 having produced this drug phenomenon?

21 DR. BOYCE: Yes, and I think they  
22 have to be awfully general, in putting them this way.  
23 And I am sure they are not in any way original. I  
24 think there is increasing estrangement of children  
25 from their parents. I think this has always been,  
26 and perhaps became evident during the periods when  
27 we were seeing these problems, and that is early  
28 adolescence and early adult life. But, I think it  
29 has increased. My feeling, and again, from the  
30 experience and background, I have some, perhaps,





1 standpoint or, perhaps, some firm vantage point to  
2 look at this from, having seen university students  
3 over the last eight years pretty intensively, and  
4 people in this age group, I have seen a lot from  
5 fifteen to twenty-five. I feel there is an increase  
6 in estrangement between parents and people of this  
7 age. I think there is a family breakdown that is  
8 probably the core of it all. I think parents are  
9 much more uncertain of what is right morally and  
10 what they should be doing, whether marriages can  
11 remain intact, and people fulfil themselves. I think  
12 these are questions that are being tossed around a  
13 great deal among adults and parents.

14 I think the lack of communication  
15 is an extreme one. I see most adults and most  
16 parents in our society as being people who are pretty  
17 "broken" in the structure, perhaps, unable to  
18 communicate well, and I would think this is probably  
19 a general characteristic, and I think this is  
20 extremely -- I don't know whether this is too general,  
21 too broad, or ---

22 THE CHAIRMAN: Thank you.

23 MR. CAMPBELL: In many places we  
24 have been told, both by adolescents, young adults,  
25 and by observers, that there would appear to be a  
26 growing pessimism among younger people; and we heard  
27 this again in Hamilton, a growing pessimism about  
28 the survival of the species, the capacity of man  
29 to cope with the problems that man as man is facing.  
30 I was struck by one person who felt robbed, as he put



1 it, of the right to parenthood by over-population,  
2 the right to look forward to his own personal  
3 survival, I guess, beyond thirty or so. Is this a  
4 phenomenon that you have seen here?

5 DR. BOYCE: It is hard to generalize,  
6 I think, to that degree, and be that specific about  
7 one ~~unavoidable~~ there. I tend to see though --  
8 again, <sup>in</sup> this population of university students that  
9 I have seen more of, that they are very much oriented,  
10 sort of, to a technological society, and very much  
11 see themselves, almost as products, saleable, or  
12 whether they are not going to be saleable, and what  
13 sort of income they are going to command. I see this  
14 in the high school students as well, which I have  
15 encountered. I found my own children talking in this  
16 way too, via guidance counsellors, and the orientation  
17 of the guidance counsellor is centred around income.

18 I think there is inherent in this  
19 a sort of a lack of soul. Whether there is a real  
20 pessimism prevading people I know and see, I question  
21 this. I am not sure.

22 MR. CAMPBELL: Any feeling about  
23 where all this is going?

24 DR. BOYCE: My own general feeling  
25 is one of optimism. I think there is a hell of a  
26 lot of noise being raised, an awful lot of chaos  
27 resulting at times from some of the feelings that  
28 have been expressed and experienced. I think there  
29 is a great need and desire to make sense out of the  
30 world by a large population, and a large part of the



1 population, in this large general way, I feel, are  
2 optimistic. I think people are troubled and I think  
3 they are working hard to sort of ---

4 THE CHAIRMAN: Excuse me. Yes, could  
5 you get to the microphone, please?

6 THE PUBLIC: I was just going to say  
7 something about education. We were in school and  
8 graduated to university, and it seemed a logical  
9 extension of our education to turn to the hallucinogenic  
10 drugs because they provided education, because the  
11 learning that you get from the hallucinogenic drugs  
12 is, well, an extension of the highest aspirations  
13 that we have received. For instance, (William Bright,  
14 James Joyce, the whole culture that existed before  
15 Christ, all of these things were based upon hallu-  
16 cinogenic -- well, they had a close relationship to  
17 it. And it seems that anybody who really is aspiring  
18 to higher knowledge; and this seems to be one of the  
19 tenets of our society, would naturally turn that way,  
20 and it is a shame to cut it off for the sake of this  
21 serving technological thing that we have got going  
22 right now. This is a great chance. I think we can  
23 really learn a lot from this, instead of cutting it  
24 off.

25 THE CHAIRMAN: Well, thank you,  
26 Dr. Thurlow and Dr. Boyce, very much, for your

27  
28 I call now on Mr. David Murray.

29 MR. MURRAY: First, I would like  
30 to make known that I don't represent any general





1 organization. I am here as a private citizen and  
2 have been involved in the drug subculture for about  
3 three years, and I have been involved in most of the  
4 aspects of the subculture from regular use to chronic  
5 use, to intermittent use, of a variety of drugs.  
6 Most of the things I would like to present today  
7 generally concern the use of hashish, marijuana and  
8 LSD. And I will go into a little personal history  
9 a little later on, and I would invite questions from  
10 the audience and from the panel, regarding, you know,  
11 the general subculture itself.

12 But, before I do that, I would like  
13 to read some statements found in the "Scientific  
14 American", and it is generally accepted as a very  
15 reputable scientific magazine.

16 December, 1969, issue, Volume 221,  
17 No. 6, page 17, for anyone's future reference. And,  
18 at first, I would like to go into a little thing  
19 about the history of marijuana, its general use,  
20 which, I feel, some of the users would like to express;  
21 I feel that this magazine expresses it better than  
22 I could, and some of the questions that are raised  
23 generally, and the conclusions that the article has  
24 come to:

25 "The earliest record of man's use  
26 of marijuana is ---

27 THE CHAIRMAN: Excuse me, is that  
28 Greenspoon's article?

29 MR. MURRAY: ---"The earliest record  
30 of man's use of marijuana is a description of the drug



1 in a Chinese compendium of medicines, the herbal of  
2 Emporer Shen Nung, dated 2737 B.C.

3  
4 Marijuana was a subject of extra-  
5 vagant social controversy even in ancient times.  
6 There were those who warned <sup>hemp plant</sup> the/lined the road to  
7 Hades, and those who thought it went to Paradise.  
8 Its use as an intoxicant spread from China to India,  
9 then to North Africa, and from there, in about <sup>A.D.</sup> 1800,  
10 to Europe. Perhaps, primarily, through trips of  
11 Napoleon's armies returning from the Egyptian campaign.

12 In the Western Hemisphere marijuana  
13 has been known for centuries in South and Central  
14 America, but it did not begin to be used in the  
15 United States to any significant extent until about  
16 1920. Since the hemp plant, Cannabis Sativa, the  
17 source of the drug, in its various forms, is a  
18 common weed growing freely in many climates, there  
19 is no way of knowing precisely how extensive the  
20 world usage of the drug may be today.

21 The United Nations survey in 1950  
22 estimated that its users then numbered some 200 million  
23 people, principally in Asia and Africa."

24 Now, I would like to go into their  
25 description of marijuana, and, in general, the  
26 hashish experience, and I would like to say, that,  
27 among most drug users, is to be taken as the general  
28 standard form of experience.

29 "It is contended that the intoxi-  
30 cation heightens sensitivity to internal stimuli and



1 reveals details that would ordinarily be overlooked.  
2 It makes colors seem brighter and richer, brings out  
3 values of works of art that previously had little  
4 or no meaning to the viewer, and enhances the  
5 appreciation of music. The sense of time is dis-  
6 torted. Ten minutes may seem like an hour. Curiously,  
7 there is often a splitting of consciousness with  
8 the smoker; while experiencing the high, he is  
9 at the same time an objective observer of his own  
10 intoxication. He may, for example be afflicted  
11 with paranoid thoughts, yet, at the same time, he may  
12 be reasonably objective enough about them, or even  
13 laugh or scoff at them, and, in a sense, enjoy them.  
14 The ability to retain the objectivity may lie in the  
15 fact that many experienced users of marijuana manage  
16 to behave in a perfectly sober fashion in public  
17 even when they are highly intoxicated.

18 Marijuana is definitely distinguish-  
19 able from any other hallucinogenic drugs such as LSD,  
20 DMT, mescaline, peyote and psilocybin. Although it  
21 produces some of the same effects, it is far less  
22 potent than these other drugs. It does not alter the  
23 consciousness to nearly so great an extent as they  
24 do, and it does not lead to increasing tolerance of  
25 drug dosage. Moreover, marijuana smokers can usually  
26 gauge the effects accurately and thus control the  
27 intake of the drug to the amount required to produce  
28 the desired degree of euphoria.

29 Now, I would like to go on to some  
30 of the questions that were asked a lot, concerning the





1 use of marijuana. Does marijuana lead its users to  
2 the use of narcotics?

3 The 1937 federal law that made cannabis  
4 drugs illegal, led to a rise in price that provided  
5 an incentive to pushers of narcotics to also handle  
6 marijuana without any additional legal risk. The  
7 resulting potential for the exposure of users to both  
8 types of drugs might have been expected to lead to an  
9 increase in the use of narcotics that was significantly  
10 related to the increasing use of marijuana. No such  
11 relation has been found in several studies that have  
12 looked into this question, including the La Guardia  
13 study and the U. S. Presidential Task Force of investi-  
14 gation of narcotics and drug abuse.

15 It is true that the federal study showed  
16 that among heroin users, about 50% had experience with  
17 marijuana. The study also found, however, that most  
18 heroin addicts had been users of alcohol and tobacco.  
19 And there was no evidence that marijuana was more  
20 likely than alcohol or tobacco to lead to the use of  
21 narcotics.

22 Does marijuana incite people to  
23 aggression and violent criminal behaviour, as some  
24 investigators have maintained? In an intensive study  
25 of the marijuana problem in Manhattan, Bromberg found  
26 no indication of such a relation. No cases of murder  
27 or sexual crime due to marijuana has been established.  
28 Reviewing a case cited by the Federal Bureau of  
29 Narcotics of a man who was alleged to have confessed  
30 to murdering a friend while under the influence of



1 marijuana, Bromberg found on examination of the indi-  
2 vidual, that he was a psychopathic liar, and there was  
3 no indication in the examination or history that he  
4 had ever used marijuana or any other drug.

5 A psychiatric investigator in Nigeria,  
6 T. Asuni, noted that an underprivileged community had  
7 a high incidence both of crime and of the use of hashish,  
8 but he concluded that these statistics were attribu-  
9 table to the frustrations of the people's lives rather  
10 than to a relation between the drug and crime. Indeed,  
11 two investigators of the use of the drug in India,  
12 R. N. Chopra and G. S. Chopra, have contended that  
13 instead of inciting criminal behaviour, cannabis tends  
14 to suppress it; the intoxication induces a lethargy  
15 which is not conducive to any physical activity, let  
16 alone the committing of crimes. The release of inhi-  
17 bitions results in verbal rather than behavioural  
18 expression. During the high the marijuana user may  
19 say things he would not ordinarily say, but he generally  
20 will not do the things that are foreign to his nature.  
21 If he is not normally a criminal, he will not commit a  
22 crime under the influence of marijuana.

23 Does marijuana lead to physical and  
24 mental degeneracy? Reports from many investigators,  
25 particularly in Egypt and in parts of the Orient,  
26 indicate that long term users of potent versions of  
27 cannabis are indeed typically passive, nonproductive,  
28 slothful and totally lacking in ambition. It is  
29 possible that chronic use of the drug in its stronger  
30 forms may, in fact, have debilitating effects such as



1 prolonged drinking. There is another possible explana-  
2 tion, however. Many who take cannabis are people who  
3 are hungry, sick, hopeless or defeated, seeking through  
4 this inexpensive drug to soften the impact of an other-  
5 wise unbearable reality. In most situations one  
6 cannot be certain which came first, the drug, on the  
7 one hand, or the depression or personality disorder on  
8 the other. This question applies to many of the pot-  
9 heads in the United States. An intensive study of  
10 college students who had taken to marijuana, showed  
11 that many of them had suffered serious conflicts or  
12 depression long before they began the use of the drug.  
13 There is a substantial body of evidence that moderate  
14 use of marijuana does not produce physical or mental

15  
16               One of the earliest and most extensive  
17 studies on this question was an investigation conducted  
18 by the British Government in India in the 1890's. The  
19 real motive for the inquiry is suspected to have been  
20 to establish that cannabis was more dangerous than  
21 Scotch whiskey, from whose sale the government could  
22 obtain a great deal more tax revenue. Nevertheless,  
23 the investigation was carried out with typical British  
24 impartiality and thoroughness. The investigating  
25 agency, called the Indian Hemp and Drug Commission  
26 interviewed some 800 persons, including cannabis users  
27 and dealers, physicians, superintendents of insane  
28 asylums, religious leaders, and a variety of other  
29 authorities, and in 1894 published a report running  
30 into more than 3,000 pages. It concluded that there





1 was no evidence that moderate use of the cannabis  
2 drugs produced any disease or mental or moral damage,  
3 or that it had any more tendency to lead to excess  
4 than did the moderate use of whiskey.

5 In the effort to obtain a rational  
6 perspective on the marijuana problem, one is inevi-  
7 tably drawn repeatedly to comparisons between this  
8 drug and alcohol, and to the public attitudes toward  
9 the two drugs. The habit called "social drinking" is  
10 considered as American as apple pie, and it receives  
11 about as much public acceptance. Yet, even this kind  
12 of drinking carries clearly demonstrated hazards and  
13 consequences of the most serious nature. Life insurance  
14 statistics show that the social drinkers have consider-  
15 ably higher than average mortality rates from all the  
16 leading causes of death; diseases of the heart and  
17 circulatory system, cancer, diseases of the digestive  
18 system, homicides, suicides and motor vehicle and other  
19 accidents. A majority of drivers killed in vehicle  
20 accidents are found to have been drinking. In contrast,  
21 there has been no evidence so far that marijuana con-  
22 tributes to the development of any organic disease, and  
23 in the only investigation to date of the effect on  
24 driving; a controlled study conducted recently by the  
25 Bureau of Motor Vehicles of the State of Washington,  
26 it was found that marijuana causes significantly less  
27 impairment on driving ability than alcohol does."

28 I would like to go back now to a state-  
29 ment that was raised in the last issue. People were  
30 wondering what medical evidence had gone into illegal-



1 zing marijuana. It does not state any medical attention,  
2 but I would like to relate to you the type of education  
3 the general public was given in the 1930's by the  
4 American government:

5 "There is now an abundance of evidence  
6 that marijuana is not an addictive drug. Cessation  
7 from its use produces no withdrawal symptoms nor does  
8 the user feel any need to increase the dosage as he  
9 becomes accustomed to the drug. Investigators have  
10 found that the habituation of marijuana is not as  
11 strong as tobacco or alcohol. Bromberg concluded that  
12 marijuana is not habit forming and that it is used to  
13 serve the hedonist elements of the personality. It is  
14 certainly possible that in some people this desire may  
15 develop into a dependency on the drug for the experience  
16 of pleasure or respite from psychic pain.

17 Can such use be called 'abuse' of the  
18 drug? The term 'abuse' is difficult to define; its  
19 interpretation varies from culture to culture, and from  
20 custom to custom. If abuse is measured in terms of the  
21 danger to the individual and society, then it must be  
22 pointed out that although the dangers of alcoholism and  
23 even of social drinking are well established, social  
24 drinking is not considered abuse in the United States.

25 The prevailing public attitude towards  
26 marijuana in the United States is charged with a hyper-  
27 emotional bias. In part, this is the product of an  
28 educational campaign initiated in the 1930's by the  
29 Federal Bureau of Narcotics (since renamed the Bureau  
30 of Narcotics and Dangerous Drugs) a campaign that has



1 disseminated much distortion and misinformation about  
2 the drug."

3 Now, I would like to quote from an  
4 anti-marijuana poster that is part of the educational  
5 campaign, describing the drug, its identification, and  
6 evil effects, supported by the U.S. in the 1930's, by  
7 the Federal Bureau of Narcotics, since renamed Bureau  
8 of Narcotics and Dangerous Drugs. And these posters  
9 were often posted in public places.

10 "Beware, Young and Old -- People in  
11 all walks of life. This marijuana cigarette may be  
12 handed to you by the friendly stranger. It contains  
13 the Killer Drug, Marijuana, a powerful narcotic, in  
14 which lurks Murder, Insanity; Death. Warning: Dope  
15 peddlars are shrewd. They may put some of this evil  
16 drug in the teapot or in the cocktail, or in the  
17 tobacco cigarette. Write for detailed information,  
18 enclosing 12¢ -- for mailing costs."

19 And this was part of Harry Anslinger's  
20 educational campaign.

21 "There are also cultural and social  
22 factors that contribute to public apprehension about  
23 marijuana. The still powerful vestige of the Protestant  
24 ethic in this country condemns marijuana as an opiate  
25 used solely for the pursuit of pleasure, whereas  
26 alcohol is accepted because it lubricates the wheels  
27 of commerce and catalyzes sexual intercourse. Mari-  
28 juana's effect in producing a state of introspection  
29 and bodily passivity is repellant to a cultural tradi-  
30 tion that prizes activity, aggressiveness and achieve-





1 ment. It may well be that social prejudice entered  
2 into the public alarm concerning the drug; prejudice  
3 on the part of the older generation which sees marijuana  
4 as a symbol of the alienation of the young, and on the  
5 part of the white population which, perhaps, largely  
6 unconsciously, regards marijuana as a non-white drug  
7 that is rapidly invading the white community, because,  
8 until fairly recently, the smoking of marijuana took  
9 place mainly in the ghettos of Negroes, Puerto Ricans  
10 and people of Mexican origins. It is, perhaps, no  
11 accident that some of the southern states have the most  
12 severe laws against the distribution of marijuana,  
13 carrying penalties of life imprisonment or even death  
14 in some cases."

15 Now, I would like to read the conclusion  
16 at the last two paragraphs in the article:

17 "As C. P. Snow observed, uneasiness  
18 seems to be becoming a part of the climate of our time.  
19 It is difficult to avoid the conclusion that increasing  
20 use of marijuana is, in part, related to the threats  
21 of over-population, racial conflict and nuclear war.  
22 Conversely, the same threats may indirectly be con-  
23 tributing to the emotional campaign against this drug.  
24 It is conceivable that some of the effect generated  
25 in the population by the violence and martial spirit  
26 of our time, is being displaced onto issues such as  
27 marijuana. Regarded as essentially evil and dangerous,  
28 adopted by hippies, yippies and others who demonstrate  
29 and call attention to the aspects of reality and the  
30 threats of doom that most of us find too distressing



1 to confront, marijuana is a natural target as a  
2 scapegoat. "

3 And I would refer anyone, if they  
4 could get a copy, because I have left out certain  
5 things, and I have quoted passages intact and in  
6 context, but I recommend this for your reading.

7 Now, I would like to go into a short  
8 history of my experiences with the drug, with drug  
9 use, and then invite questions from the panel, and  
10 from the audience, preferably the question that was  
11 raised in the last submission, the recurrence  
12 syndrome, and I feel that, as a user and one who  
13 has experienced recurrences, maybe I could shed a little  
14 more light, and maybe explain some of the laughter  
15 regarding flashbacks, and recurrences, to the cannabis

16  
17 (Page 92 follows)  
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1 derivatives

2 I first started using drugs out of  
3 curiosity in late 1966 and through '67, LSD was the  
4 pet. Everywhere you looked there were scare headlines  
5 and fantastic descriptions of the drug. Out of  
6 curiosity I wanted to try it. As luck would have it,  
7 I was offered the opportunity to smoke grass first.  
8 Three weeks later, I did acid for the first time  
9 and was in no way or form graduating to hard stuff.  
10 I continued to smoke grass on an irregular basis.  
11 I smoked regularly when I had it, and didn't smoke  
12 or didn't worry about it when I didn't have it.  
13 I continued to use LSD on approximately a once a  
14 month or once every two months basis. I maintained  
15 this pattern until the summer of 1969. I began using  
16 LSD heavily in regular amounts and up to five times  
17 the regular amount at least once a week and up to  
18 three times a week for a four month period. I was  
19 also regularly using marijuana during these four  
20 months.

21 Near the end of the summer I decided  
22 I was using too much acid and I stopped. I have used  
23 it once in the last two months. I have no real desire  
24 to use LSD again. When marijuana and hashish became  
25 readily available again, I began to use it on a  
26 regular basis. Since my first joint, I have also  
27 used MDA, DMT, psilocybin, mescaline, cocaine and  
28 opium; cured hashish, out of curiosity; no more than  
29 three times on any specific one.

30 Three weeks ago, I was arrested for





1 possession, along with two other persons. At the  
2 time of the raid the dope wasn't mine and I was  
3 arrested and picked up two days later. I was served  
4 with a warrant, put in jail, and finally bailed out  
5 and I am awaiting trial now.

6 I would like to go a bit into the  
7 recurrence syndrome. I have experienced mild forms  
8 of recurrence. The people that I know in the drug  
9 community in Hamilton and in the drug community in  
10 Toronto, the people that I am associated with, have  
11 also experienced the recurrence situation. It is  
12 generally attributed to LSD and in the first, say,  
13 half hour of the LSD experience, most <sup>people</sup> would experience  
14 a slight tingling sensation in the temples. The  
15 extent of my recurrences has been a slight tingling  
16 sensation, and I would say it is no more dangerous,  
17 my recurrences have been no more dangerous or have  
18 had no more ill effects on me than, say, a headache.  
19 You can equate them between my LSD recurrences and  
20 a headache, in that there were no visual hallucinations  
21 as a result of the recurrence, and no mental traumas  
22 about what was happening, and so on. And I have  
23 had no experience whatsoever that I could consider  
24 a recurrence, as attributed to the use of hashish,  
25 marijuana, or any other the other drugs that I have  
26 experimented with slightly.

27 And I advocate the legalization  
28 and government distribution, under government control  
29 of marijuana, for the simple reason that I think it  
30 is one of the only -- in fact, the only rational



1     answer to the problems.

2                 There are a variety of problems  
3     that come up through a person's drug use. I would  
4     say most of the problems occur because it is an  
5     illicit drug, and there are problems incurred because  
6     you are considered a criminal. I consider  
7     legalization would solve some of the problems and  
8     solving some of the problems is better than solving  
9     none of the problems. I feel that even with a heroin  
10    problem, you are going to have to go undergo a vast  
11    social realignment of our values. I can see where  
12    the laws against heroin now are really doing no good;  
13    the heroin use is on the increase. I would suggest,  
14    out of my own personal belief, perhaps, a legalization  
15    of heroin as a prescription drug, and, at least, it  
16    would lower the price, at least the confirmed addicts  
17    wouldn't have to steal \$60 and \$70 worth of merchan-  
18    dise a day, and contribute to that crime rate, and  
19    at least it would cause a significant decrease in  
20    the growth of organized crime.

21                I really have no answers as to  
22    solving the heroin problem as it relates to the  
23    medical and psychological effects of the drug itself,  
24    but I could see where, perhaps, some of the problems  
25    associated with it could be solved in this, perhaps,  
26    radical method.

27                And now, I would appreciate questions  
28    from you and I will try to answer them using the  
29    basis of my experience as my criterion to answer  
30    your questions, and the basis of my observations for



1 the last three years.

2 THE CHAIRMAN: You mentioned,  
3 Mr. Murray, that you had had experience of no  
4 recurrences from the use of hash. Have you ever  
5 had any experience of the use of hash of the kind  
6 described by Dr. Thurlow, as heavy usage? Are you  
7 talking about the same kinds of usage here?

8 MR. MURRAY: Well, say, for a period  
9 of a month to a month and a half daily, or once every  
10 two days usage. Not any longer than, say, a month  
11 or a month and a half. But, even in that circumstance,  
12 after, like, I stopped using it for that length of  
13 time, in no way could there be anything I could  
14 relate to a recurrence from hashish.

15 THE CHAIRMAN: During the period of  
16 use of hash, did you experience any recurrences or  
17 flashback?

18 MR. MURRAY: No. I just ---

19 THE CHAIRMAN: I mean, from any  
20 presumed source. Did you experience a recurrence?

21 MR. MURRAY: No, the only -- I take  
22 it you mean that maybe it brought on an LSD recur-  
23 rence?

24 THE CHAIRMAN: No, I am just asking  
25 as a matter of fact; and I don't want to draw any  
26 conclusions, whether during the period of this level  
27 of hash use you experienced any flashbacks of any kind?

28 MR. MURRAY: No.

29 I would like to say that, perhaps,  
30 I may be an exception and not the rule, but, I believe





1 my contentions are held by a lot of people. My  
2 personal interrelationships with a large number of  
3 people in the community would tend to back up my  
4 statements. I realize, perhaps, I am a distinct  
5 individual, and my observations are really slanted  
6 by my own experiences, but I don't think they are  
7 in any way just applicable to me. I feel they are  
8 applicable to a good percentage, or a significant  
9 percentage, of the drug community, of drug users.

10 DR. LEHMANN: Well, in this  
11 connection, let's assume for the moment that such  
12 recurrences, flashbacks with hash, might be valid --  
13 may be valid evidence for it, but only, in perhaps,  
14 half a percent of the users, which would -- if  
15 a million people used it, it would still amount to  
16 just about 5000 people, and that would be a very  
17 large number under great hazard.

18 Now, have you closely examined,  
19 of about 200 people who use it regularly, hashish,  
20 and closely examined them about the occurrence of  
21 flashbacks? Because, that is -- if half a percent  
22 would occur, then you would have to examine at least  
23 200 closely.

24 MR. MURRAY: I would say that I  
25 have had personal interrelationships concerning the  
26 use of drugs with, I would, in an accurate guess,  
27 I imagine would be in the vicinity of a hundred to  
28 maybe, a hundred and fifty people.

29 DR. LEHMANN: So, you would miss  
30 one-half percent occurrence. In other words, that



1 would be 5000 people in a million users?

2 MR. MURRAY: Yes.

3 DR. LEHMANN: So you couldn't make  
4 any statement about it?

5 MR. MURRAY: This is my statement.  
6 I'm not saying I know everybody who does it. I will  
7 concede that I could miss a lot of it. I am just  
8 saying, as in my personal experience, I have never  
9 recognized it. Perhaps you need somebody up here  
10 who has been involved with a different section of  
11 the drug community, or been involved with a different  
12 type of people; perhaps somebody who has been  
13 involved with a different style of user than I have.  
14 I know -- I have never done speed, and I have become  
15 involved with people who have used speed, one person  
16 who has used heroin, and even among the people who  
17 I consider somebody, who, you know, gets strung out  
18 on speed, is a less stable person, and even the heavy  
19 users of speed that I know do not -- cannot relate  
20 any recurrence attributable to hashish or marijuana.

21 DR. LEHMANN: Were you aware that  
22 there is at least one case on record where a student  
23 committed suicide because of recurring flashbacks  
24 after LSD?

25 MR. MURRAY: I have read a number  
26 of reports, especially in the newspapers, saying  
27 that a person, during a recurrence or during an  
28 experience, jumped off a bridge or killed himself  
29 in some way. I haven't associated myself, or, haven't  
30 gone into medical statistics where there was a definite



1 conclusion, and, like most drug users I tend to  
2 disbelieve the mass media.

3 DR. LEHMANN: This is a professional  
4 journal.

5 MR. MURRAY: Yes. And I haven't  
6 gone into that suicidal tendency which is attributable  
7 to ---

8 THE CHAIRMAN: You said you tried  
9 a series of drugs out of curiosity. Do you have no  
10 fear of possible adverse effects?

11 MR. MURRAY: Let's say that I  
12 realized that the use of LSD was a fascination  
13 and I enjoyed the experience and I enjoyed what it  
14 showed me, what it taught me. And the reason I  
15 stopped was, I think LSD took me -- in a personal  
16 development, in a self-realization sort of program,  
17 it took me so far. I consider the use of LSD --  
18 like, LSD is a door, but it is not a room. You can  
19 use it for the self-realization process so far, but  
20 if you tend to depend on it to solve any problems  
21 and it turns back on you and really messes you up --  
22 the reason that I only did the other drugs occasionally,  
23 generally once or twice, at the most three times, is  
24 either I was dissatisfied with effects that weren't  
25 available -- generally, I just -- especially with my  
26 few experiences with cocaine and opium, I realized  
27 they were a narcotic, produced addiction, and I  
28 didn't want to become addicted, so I experienced it  
29 for the experience, and I didn't really like it, so  
30 I stopped.





1                   So that, I think, a general cross-  
2   section of the drug users is people like, who have  
3   been using it for a while and settle back down to  
4   just using cannabis. They overcome their fascination  
5   with the other hard hallucinogenic drugs. They  
6   either learned what they could from them, have grown  
7   tired of them, or just settle back down into a  
8   regular or an intermittent use of cannabis, and  
9   integrate that with the rest of their lives.

10                  And, I wasn't really afraid of what  
11   it would do to me right then and there, because,  
12   perhaps, I hadn't seen it happen, and no personal  
13   experience with somebody who has been, you know,  
14   damaged at the outset. And you get to the point --  
15   a lot of people get to the point, "Well, I have done  
16   a little, so much, a little bit more won't hurt me."  
17   And it is probably not a rational thing, and probably  
18   not an intelligent thing, but a lot of people go  
19   through this and come out relatively unscathed.

20                  DR. LEHMANN: Do you think it has  
21   changed your personality in any way, helped it, or  
22   perhaps, in an unfavourable way?

23                  MR. MURRAY: Yes, I do. I think it  
24   has made -- the use of the cannabis derivatives, and my  
25   primary use of LSD have increased my sensory  
26   appreciation, increased my perception while under  
27   the influence, and the new appreciations that I got  
28   lasted. And I can appreciate what I have learned  
29   under the influence of the drug without having to  
30   refer back to the drug experience. And it seems to



1 me that I became more aware of my role in the  
2 universe, my awareness of one's self.

3 I don't like to get into a religious  
4 aspect because right away people jump right down on  
5 you. It has religious tinges, where I was more  
6 aware of God, not as what everybody says when they  
7 go to church, but whoever was in charge, and I came  
8 to realize that I would have to, you know, make my  
9 peace with Him, and I sort of got to the conclusion,  
10 I found out what I was here for, what I think I am  
11 here for. And now I am trying to do this to the best  
12 of my ability and to exclude the hypocrisies and to  
13 exclude the desire for -- the desire of the things  
14 that really have a bearing on a person's spiritual  
15 happiness, or his spiritual future. I have been  
16 more aware of what I am doing to my soul, through  
17 my relations with other human beings, since the use  
18 of the drug.

19 DR. LEHMANN: So, in your case there  
20 was a net gain from the drug experience?

21 MR. MURRAY: Yes, there was.

22 DR. LEHMANN: Another, last one;  
23 is that also acknowledged by your friends, parents;  
24 teachers?

25 MR. MURRAY: Well, perhaps not by  
26 my parents. Let's say, my mother, who is more  
27 moderate, let's say, than my father is, and my  
28 father is terribly conservative, and I don't think --  
29 like, I have tried hours and hours and hours of  
30 explaining my spiritual feelings to my parents. My



1 mother sort of grasps it, but my father thinks that  
2 it is a lot of bull. But my friends have generally  
3 experienced -- maybe not to the same degree that I  
4 have, but the same type of benefits, and like, the  
5 people I associated with are factory workers, camera-  
6 men -- or, a cameraman for a major Canadian television  
7 station, high school students, university students,  
8 hard core drop outs, people in the business profession,  
9 people in the -- white collar workers, blue collar  
10 workers, and practically every type of profession.  
11 They have, maybe not to the same degree, experienced  
12 this benefit, but they have thought that, you know,  
13 it has changed their personalities to a better degree  
14 and they felt that what they were doing was basically  
15 good for them, and they felt that they could control  
16 it.

17 And another thing that is happening  
18 since my arrest, and their fear, there is definitely  
19 this alienation type of process. Like, since I have  
20 been arrested, everybody is telling me, "Well, I  
21 certainly hope you have learned your lesson", and  
22 things like this. So I went down to Provincial Court  
23 in Hamilton and watched five cases of criminal assault  
24 where the defendants were found guilty and fined  
25 \$100.00. If I am convicted I face, say, at minimum,  
26 a \$200.00, and that is telling me that it is better  
27 and cheaper to beat people up than it is to smoke dope.

28 If I can go up and commit two cases  
29 of criminal assault for one case of smoking dope --  
30 this is one of -- it is maybe not exactly a rational





1 standpoint, but the discouragement I got, the mess  
2 that the two days -- if I could, I wrote -- about  
3 three hours before I was arrested, I wrote a letter  
4 to the Hamilton Spectator, and -- it was a letter to  
5 the Editor, and I didn't get a chance to mail it  
6 because I was arrested the following day, so I never  
7 got a chance to submit it, but I think it describes  
8 my feelings during the time awaiting the arrest:

9 "April 25th, about 5 o'clock.

10 Dear Editor: If the handwriting  
11 is a little shaky, please excuse it, because I'm  
12 scared. I recently spent two days out of town, and  
13 when I returned to my apartment I found it ransacked,  
14 my wallet and a large amount of money missing. I made  
15 a few inquiries and discovered that my apartment had  
16 been raided for narcotics. I also found out that  
17 detectives were looking for me too. I've spent last  
18 night and today waiting for the inevitable arrest.

19 I had planned to stay in Hamilton  
20 only another six or seven weeks, and then set out on  
21 a tour around the world, a tour that would take about  
22 three years. That reality, and all the interest,  
23 excitement and drive that it held for me, has now  
24 dissolved into confused thoughts of anger, fear and  
25 complete discouragement.

26 I have never committed a wilful act  
27 of violence on another human being, nor have I ever  
28 been involved in any pre-meditated actions resulting  
29 in property loss or destruction. I have tried to  
30 live in this society with as little friction as possible.



1 but it seems that our few unjust laws will continue  
2 to ignore, and even warp a person's moral convictions.  
3 The laws governing marijuana are morally unjust, and  
4 they must be changed before more damage is done to  
5 the ideals and dreams of Canada's young people. (Not  
6 with angry demands, but a concerned plea.)

7 Before your readers dismiss this  
8 letter as the self-pitying whimperings of some  
9 degenerate dope fiend, I ask them: Could you spend  
10 a night and a day waiting for the axe to fall and  
11 destroy your life, and not feel the same?

12 Please withhold my name for obvious  
13 reasons."

14 I feel that that expresses what  
15 I was going through, waiting arrest, when I knew  
16 what was coming, and for something that I don't  
17 consider, and people who smoke it don't consider,  
18 is really a crime. And the time that I spent in  
19 jail, and the things that <sup>I</sup> had gone through -- the  
20 alterations in my plans, I feel that the punishment  
21 is far more harmful, to myself especially, and to  
22 most people considered, than the crime could ever  
23 possibly be.

24 THE PUBLIC: Did you receive cocaine  
25 and MDA, etc., from the same people that you received  
26 the cannabis from?

27 MR. MURRAY: No. Another thing --  
28 I would like to talk about trafficking for a little  
29 while. I have never experienced or found any proof  
30 that there was any organized trafficking-- the majority



1 of trafficking in marijuana and hashish is a result  
2 of organized criminal association. I imagine that  
3 the Mafia does do some of its importing, of marijuana  
4 and hashish, but in my experiences, generally, with  
5 dealers in Hamilton and dealers in Toronto, it is  
6 all done on a personal basis, where certain individ-  
7 uals even go to the extent of hiring their own  
8 private plane to bring the grass up from Mexico.  
9 And most of the LSD that I have used has come from  
10 California, is made in private, clandestine labora-  
11 tories in California, flown up or brought up by some  
12 method. It seems that most of the traffic in mari-  
13 juana, hashish, and to a certain extent, LSD, is  
14 not associated with criminal behaviour, an organized  
15 group of criminals. There seems to be a climate  
16 of thought among the traffickers in marijuana and  
17 hashish, that they don't get this idea of, "I'll  
18 get everybody hooked and make a million dollars."  
19 It's, "I can run some good grass through the city  
20 or some good hash, and people who want it and like  
21 it..." -- they consider themselves a public service.  
22 Most people consider it an honest, if illegal,  
23 profession, where in most cases, it is a desire to  
24 bring the best goods possible, at the cheapest price  
25 to the people that are using it. You do get incidents  
26 like "burn artists", people who sell either bad  
27 drugs, chemical drugs that produce sicknesses, or  
28 may have deteriorating effects; or grass that is not  
29 grass. I say this is the exception and not the rule.  
30 They don't get away with it for very long, because





1 if you "con" a pound of grass from somebody, or, say,  
2 even an ounce of grass, that was no good, you won't  
3 "con" it from the same person again.

4 DR. LEHMANN: Do pushers have a  
5 code of ethics?

6 MR. MURRAY: Well, generally, it's --  
7 "if you live outside the law, you must be honest".  
8 I feel that the dealers are generally a very moral  
9 group. They are criminals, but they are moral. They  
10 have got an idea, like, of public service to the sub-  
11 culture, and generally, most people who use marijuana  
12 or hashish to a great degree, sometimes become involved  
13 in trafficking. If you use it to a great degree, say,  
14 you buy an ounce or two ounces at a time, you sell  
15 two or three bags to pay for it, and keep the rest for  
16 your own personal use. The regular users aren't  
17 generally trying to make a profit. They are just  
18 trying to smoke their own dope free.

19 And if you go to someone's house,  
20 or if someone wants to buy some, and say, you've got  
21 grass to sell, and if the person hasn't got the money  
22 right there, generally there is a certain amount of  
23 credit established, far easier credit laws than, say,  
24 department stores or banks have. And people have  
25 extended unlimited credit to people with no fixed  
26 income, out of, generally, the goodness of their hearts.  
27 And, "Well, if you can't afford this, maybe I can do  
28 you a better deal?"

29 But, there is none of this vicious  
30 pusher who is trying to hook everybody and get this



1 fantastic profit. You can, theoretically, make a  
2 great deal of money in dealing with grass, but not  
3 too many people make a great deal of money.

4 MR. STEIN: You don't think this  
5 is something like Andrew Carnegie/<sup>building libraries to</sup>-- do you follow  
6 what I'm getting at?

7 MR. MURRAY: Yes, sort of soothing  
8 his own conscience.

9 MR. STEIN: Well, that's more or  
10 less what I'm asking you. In other words, you are  
11 painting this picture of people who have only the  
12 interest of others at heart, and frankly, I find it  
13 a little heavy.

14 MR. MURRAY: Well, I would say  
15 that they are serving their own interests and they  
16 realize, it's -- generally a person deals grass to  
17 make his accessibility -- makes it easier for him  
18 to smoke it, to get it -- and perhaps to make a  
19 little bit of money here or there. I don't think a  
20 dealer goes to bed with, perhaps, guilt complexes  
21 or anything like that, and he doesn't try to be a  
22 nice guy, because he figures maybe he's not being  
23 a nice guy, and all of a sudden he decides that, you  
24 know, "Maybe I'd better do something good for the  
25 kid because I'm messing him up."

26 THE CHAIRMAN: Do you think grass  
27 should be offered to a ten year old boy?

28 MR. MURRAY: Well, lately -- it  
29 was brought up in Hamilton last year -- I doubt that  
30 a ten year old boy would want to smoke grass.



1 THE CHAIRMAN: My question was,  
2 should it be offered?

3 MR. MURRAY: Personally, I wouldn't  
4 offer it. I would not ask anybody else to offer it.

5 THE CHAIRMAN: Why?

6 MR. MURRAY: Because I don't think  
7 a ten year old boy should smoke grass, because I think  
8 he's got -- recalling my experiences when I was ten  
9 years old, I was happy without grass. I don't think  
10 my happy experiences were better because I didn't  
11 smoke grass, but I don't think a lot of people would  
12 want to give a ten year old grass. I don't think  
13 it ever comes up, really, in most discussions. Maybe  
14 it is a point that should be brought up. I know  
15 I, personally, wouldn't do it, and I don't know  
16 anybody who would offer a ten year old boy grass.

17 The instances -- when you go back  
18 to the heroin problem, and instances of the younger  
19 people, especially in New York City, using heroin,  
20 I can't see where, really, we get this problem to  
21 that extent in Canada, because I don't think in  
22 Canada right now -- I hope we take steps to ensure  
23 this situation we've got now. We don't have the  
24 ghetto type of situation in Canada to the extent they  
25 have it in the United States or the racial dis-  
26 crimination, or "stick in your place". And we don't  
27 have as many people who have had nothing for three  
28 generations to the extent that they have in New  
29 York City, especially, and I think that this is  
30 generally responsible<sup>for</sup> the heavy use of heroin. When





1 you are stoned on heroin I presume that having  
2 nothing is just a little bit easier to cope with.  
3 And I don't think that there is that climate here.  
4 I don't know anybody who would want to take heroin.  
5 The one person I know who was doing it, has kicked  
6 it two years ago. I asked him, "Tell me about  
7 heroin, because I would like to know your experience."  
8 And the first thing he says is, "You're not thinking  
9 of doing it, are you?" And he was<sup>terribly</sup> concerned. And  
10 he did speed for a while, and I talked to him about  
11 that and he said, "You're not even going to do that,  
12 are you?"

13 At least in that one instance,  
14 the only person I know that has ever used heroin,  
15 was the first person, generally, to give me a warning  
16 against it.

17 We can ensure the social climate,  
18 I think, that we have in Canada now -- we will have  
19 to take definite steps to ensure it, and I don't  
20 think the heroin problem will develop in Canada  
21 the way it has in the United States. I don't say it  
22 couldn't, but we're going to have to make sure it  
23 doesn't.

24 I think there is a tremendous  
25 difference between the drug use in Toronto and  
26 Hamilton or, say, Toronto, than it is in New York City,  
27 and I /think it's cleaner use in Canada, and around the  
28 country, and I hope it stays like this.

29 I think this Commission is something  
30 that should have been instigated in the United States



1 thirty, forty, fifty years ago, and maybe they would  
2 not have their problem. I hope they solve theirs,  
3 but I would rather see us ensure our safety now.  
4 And I think perhaps this opinion will be generated  
5 by most of the users of drugs, that the Canadian  
6 climate is better, but if <sup>we have</sup> something done with the  
7 laws, maybe the outward effects of the problem --  
8 people wouldn't be so concerned with the headlines,  
9 they wouldn't be so concerned with what their neighbour  
10 at the bridge club tells them, and maybe they would  
11 be more concerned with government instituted studies,  
12 and programs to, perhaps, not rehabilitate people,  
13 but to ensure that they would not get to the  
14 despondency point where they are totally dependent  
15 on one form of drug or another.

16 THE PUBLIC: That question, I think,  
17 posed to you, was awfully slanted. I mean, if I  
18 might use a lot, I'm not going to offer it to some  
19 ten year old kid. He's just too young, too immature,  
20 really. If you like dope, fine; you are still not  
21 going to offer it to a ten year old kid unless you're  
22 some sort of a pervert. But, no one in their right  
23 mind is going to give a ten year old kid any kind of  
24 stimulant, because they just can't handle it. And  
25 that was really a slanted question.

26 THE CHAIRMAN: No, it was a very  
27 simple, straight-forward question, and you have given  
28 me a straight-forward answer. I was seeking an  
29 opinion.

30 At what age do you think it would be,



1 roughly, appropriate to offer marijuana?

2 THE PUBLIC: I think, for instance,  
3 nineteen years old. I mean, I wouldn't even want  
4 to see them with a bottle of beer. That is the way  
5 they are. I have met other kids, say, around fifteen  
6 years old, and they are just so unbelievably<sup>broad-minded and</sup>/wise  
7 for their age and so far ahead of themselves that  
8 if they got stoned on hash, it would probably do  
9 them a lot of good.

10 THE CHAIRMAN: Well, what are the  
11 criteria, what are the effects you are thinking  
12 about, when you decided it would be appropriate for  
13 one person ---

14 THE PUBLIC: Emotional stability and  
15 maturity.

16 THE CHAIRMAN: Why are these important?

17 THE PUBLIC: Because some people just  
18 act like stupid fools, you know, when they get high under  
19 booze or on dope, you know, you can just -- you go to  
20 a party and like, you are all standing there drinking,  
21 there is usually someone there who has had a few  
22 too many and starts acting like an ass. It is the  
23 same thing with dope. Maybe five people sitting  
24 around smoking dope and one person will start, you  
25 know, acting like some sort of a fool. It always  
26 happens, no matter what.

27 THE CHAIRMAN: The effect you are  
28 concerned about is the behaviour -- the behavioural  
29 manifestations?

30 THE PUBLIC: Yes.





1 THE CHAIRMAN: You are not concerned  
2 with any effects on the personality or -- the physical  
3 and psychological effects on the users, apart from  
4 behavioural manifestations, as criteria for this  
5 judgment?

6 THE PUBLIC: Yes. Obviously I don't  
7 want to see people who are emotionally unstable  
8 smoking dope or doing any kind of dope. Like, they  
9 are the ones who, you know, jump off bridges when  
10 they are on acid, or they are usually the ones who  
11 do end up getting busted at times, but not always.  
12 You know, it is just, emotionally unstable people  
13 shouldn't be given any kind of stimulant, really.  
14 I shouldn't have said that about getting busted.  
15 I mean, I know some people who have been busted,  
16 and it is sort of unfortunate, while others, you  
17 know, who have been just so unbelievably unstable,  
18 they have waived dope around in front of narcs and  
19 they have gotten busted.

20 THE PUBLIC: I don't think you, or  
21 anybody, has the right to ---

22 THE PUBLIC: I have been very interested,  
23 and listening ---

24 THE CHAIRMAN: Sorry, apparently this  
25 gentleman -- I'll recognize you next.

26 Is that all right? This gentleman  
27 has wanted to ask a question for some time.

28 THE PUBLIC: Me?

29 THE CHAIRMAN: Yes.

30 THE PUBLIC: I have been very interested,



1 in listening to this discussion, but I have lived  
2 all my life without all this dope and have survived  
3 and got along very well, and I am at a loss to know  
4 why our young people need this. Can they not survive  
5 without it and be just as good citizens or better?

6 MR. MURRAY: I can't really say. I am  
7 glad for you that you have lived your life without  
8 dope and got to this point. Perhaps one thing that  
9 I would like to bring up -- the depression that a  
10 lot of young people go through today, and I don't  
11 think we have ever been faced with the distinct  
12 possibility of the extinction of the human race.  
13 And, it is a definite possibility, from all that we  
14 have been told. It could conceivably happen within  
15 our lifetime. And perhaps on the part of a lot of  
16 young people, there is a desire to live as much as  
17 they can in the short period of time we have got now.

18 Your generation, and the generation of  
19 the gentlemen on the panel, there was always, you  
20 know, whenever they talked about the destruction of  
21 the earth it was always, "Well, the sun is going to  
22 blow up in a billion years", or something like that,  
23 and nobody could really conceive of it. And now  
24 people are telling us that maybe things will be over  
25 for us before we have had a chance to go through  
26 middle age and old age. And I really can't offer  
27 a reasonable explanation why people are doing dope  
28 now, except, maybe, this frustration we have got  
29 has come to the point where we are doing this. It  
30 seems a nice alternative to some of the pain and



1 suffering that we have got, and maybe, for a part  
2 of my life I really don't want to be concerned, I  
3 like to take a little vacation. It is like a guy  
4 who would work in a factory for fifty weeks out of  
5 the year and throws-- and takes off for two weeks  
6 for a vacation up north where he just decides to get  
7 away from all of his responsibilities for a definite  
8 time.

9                   Now, if that person couldn't cope with  
10 his responsibilities he probably wouldn't have got  
11 himself into a regular employment position, and he  
12 would extend his vacation to fifty-two weeks out of  
13 the year. And a person who, perhaps, cannot cope  
14 with his surroundings, a young person, and turns to  
15 drugs as a temporary escape, through some flaw in  
16 their character, decides that being stoned all the  
17 time is a lot better, and they say, "Well, what can  
18 I do? I can't do anything.. Nobody will listen to  
19 me, and I am not in a position to effect any change  
20 right now. Perhaps in fifteen years, where I would  
21 be in a position to effect change, there won't be  
22 anything left to change." So, perhaps, you know,  
23 a percentage of the people get this idea. And, the  
24 fact that a lot of people, unlike yourself, who would  
25 stand up and condemn me to hell, and condemn every-  
26 body else who has ever even thought of drugs to hell,  
27 and it is, perhaps an act of defiance. To a certain  
28 extent, I think, that maybe using drugs is an act  
29 of defiance. I wouldn't say that it is to a great  
30 extent I haven't run across, generally, people --





1 myself, I don't, and people I associate with, don't  
2 sit down and smoke dope and say, "Ha, ha, I am  
3 defying the Establishment." They sit down and smoke  
4 dope and say, "Why is this illegal?" They are  
5 concerned with, not the fact that they are defying  
6 the Establishment, but they are concerned with the  
7 fact that the Establishment will want to punish  
8 them for that, and perhaps this brings in their  
9 dissatisfaction with the order in society, and the  
10 way it is now. And we can see it as the profit-  
11 oriented society, which hasn't instituted closed  
12 systems for distribution of waste products. We  
13 manufacture everything with the idea, "We want to  
14 make as much as we can for as little money as we  
15 can, to make as much profit", and we really haven't  
16 concerned ourselves with what happens to the waste  
17 and what happens to what we are doing with our  
18 environment.

19 And people are saying, "Well, listen,  
20 we can't go on and on to do that, and maybe I don't  
21 want to produce as much as you, and maybe I don't  
22 want to want all the materials things that you  
23 people have got, because your desire, and it is a  
24 delicately programmed desire for material goods,  
25 could tip one way or the other and head us straight  
26 into destruction." And perhaps the reason they are  
27 not being a technically productive or as mechanically --  
28 like, productive, as members of the society, is that  
29 they feel that the less production they do, along  
30 with their surviving, the better chances they will



1 have of surviving later on. They figure they don't  
2 want to donate any of their help or any of their  
3 personal resources to a society that seems, right now,  
4 bent on our extinction.

5 And the generation seems blind to this  
6 fact.

7 THE CHAIRMAN: Professor Bertrand?

8 PROFESSOR BERTRAND: I am having  
9 problems with your logic. Some time ago I heard you  
10 say you wouldn't sell grass or hashish to a ten  
11 year old, not only because he couldn't handle it,  
12 which was the argument of the other gentleman there,  
13 but also because, this is very important, you were  
14 happy when you were a ten year old and you didn't  
15 need grass. And now, there was a gentleman there  
16 who was telling you that he was happy when he was  
17 your age without drugs, and you don't seem to  
18 receive his comment. I mean, how does it work?

19 MR. MURRAY: I realize the fact that he  
20 was happy.

21 PROFESSOR BERTRAND: I can't follow that.

22 MR. MURRAY: Perhaps I didn't get  
23 into this. I only used one statement to say that  
24 he didn't have the fear that we have right now.  
25 There are probably lots of other reasons why he  
26 didn't ever use dope. Perhaps its availability wasn't  
27 as great, perhaps he didn't want to. People who don't  
28 smoke dope these days, generally, don't want to.

29 PROFESSOR BERTRAND: But you don't know.  
30 What he said -- he said he was happy without it, which



1 is exactly the same argument you used for the ten  
2 year old.

3 MR. MURRAY: I would consider the  
4 fact that a ten year old child would be happy.  
5 I consider little children stoned naturally. They  
6 are, you know, happy, gay type people who don't,  
7 you know, really have all the problems that you get  
8 as you grow up. Now, I just can't conceive of  
9 anybody wanting to turn on a ten year old child.  
10 I don't think a lot of people here ---

11 THE PUBLIC: Could I just make one  
12 short comment? Before Christmas I gave a lecture  
13 on pollution to a mixed class of grade fours and  
14 grade fives. These would be ten and eleven year olds.  
15 Before I went, a teacher of one of these classes  
16 had the students write five questions which they  
17 would send to me so I could anticipate some of the  
18 questions they would ask. In excess of 50% of those  
19 children, and there were, roughly, sixty or seventy  
20 children in the mixed class, in excess of 50% asked  
21 me one question that was common to them all: How  
22 long before the world dies, if we don't stop polluting  
23 our atmosphere? This is from the minds of ten year  
24 olds.

25 MR. MURRAY: I could see where they  
26 could have this concern. I am glad that, maybe, they  
27 have got this concern; maybe they can, if there's  
28 something around for them to work on, they can do it.  
29 I don't think that a ten year old child goes through,  
30 at that point, or a four or five year old -- because





1 people have told him that the world is going to  
2 end, and he is probably afraid of it, but I don't  
3 think that they can actually comprehend the frustra-  
4 tions that they go through when they get older.  
5 And maybe we are just arguing about something that  
6 is, you know, isn't really worth arguing about, this  
7 whole logic about offering dope to a ten year old  
8 child in relation that, well, he's happy without it  
9 and he hasn't got the frustrations. He is probably  
10 just as scared as a lot of other people, but he is --  
11 but I still ---

12 THE PUBLIC: And more defenseless.

13 MR. MURRAY: And more defenseless, too,  
14 but he still hasn't gone through everything else ---

15 THE PUBLIC: Possibly there is nothing  
16 left to go through.

17 MR. MURRAY: I hope maybe we can get  
18 things changed around so he would never have to  
19 go through that. I wouldn't like a lot of people  
20 to go through what I have gone through, and I don't  
21 suppose anybody who has ever been in this position  
22 would ever want that to happen to somebody else.  
23 Some people constructively try and do something  
24 about it, and some people just aren't equipped to  
25 try, so that they get stoned and forget about it,  
26 because that's all, really, they are equipped to do.

27 THE CHAIRMAN: I think I should call --  
28 we have to hear from one other person before we  
29 adjourn until 2:30 this afternoon.

30 There is a Mr. Bob Munroe here, who,



1 I understand, cannot return this afternoon.

2 Is Mr. Munroe here? You can't return  
3 this afternoon?

4 MR. MUNROE: No.

5 THE CHAIRMAN: I was wondering, perhaps  
6 I should call him now.

7 Thank you.

8 MR. MUNROE: Mr. Chairman, I may be  
9 able to get someone to stay and read it for me.

10 THE CHAIRMAN: You have something  
11 prepared?

12 MR. MUNROE: Yes.

13 THE CHAIRMAN: I mean, you were  
14 scheduled to speak, so you may.

15 MR. MUNROE: It is quite all right.  
16 It is pretty late, and I am pretty hungry, and I  
17 think everyone else is, so I could get someone else  
18 to read it.

19 THE CHAIRMAN: All right. Would you  
20 see Mr. Moore then?

21 MR. MUNROE: Yes.

22 THE CHAIRMAN: Perhaps, on that note,  
23 I had better declare an adjournment until 2:30.

24 Thank you.

25 --- Upon recessing at 1 p.m.

26 \* \* \*

27 --- Upon resuming at 2:35 p.m.

28 THE CHAIRMAN: Ladies and gentlemen,  
29 we call this hearing of the Commission of Inquiry  
30 into the Non-Medical Use of Drugs to order. I call



1 on Mr. Tom Lynch of Lucas Secondary School, who will  
2 read a statement which was prepared by Mr. Bob Munroe  
3 who is not able to be here this afternoon. There is  
4 another gentleman with you, Mr. Lynch?

5 MR. LYNCH: This is Dave Bottom.

6 This is prepared by a group of students  
7 representing the Students' Council of the school,  
8 and I didn't have any hand in preparing this, but  
9 I will just read it; so I'll just go through it:

10 "We, the students of Lucas, are quite  
11 concerned about the issues of today. We feel that  
12 students at our level, in the system, have done  
13 or very little,  
14 nothing/towards the bettering of society. Students  
15 at our level seldom know -- seldom have the chance  
16 to accomplish what we feel is necessary to get things  
17 done in this world. At Lucas, we feel this is the  
18 time to set a precedent of action and to take a stand  
19 in an issue which is very close and very immediate  
20 in our day to day lives.

21 Nothing could be closer or more immediate  
22 than drug use and abuse, and we believe that drug use  
23 and abuse is an indication of a number of general  
24 problems in society today. Drug abuse among teenagers  
25 may be caused by any number of causes -- not being  
26 educated or prepared for the abundance of leisure  
27 time in today's society could be a major factor  
28 in their turning to drugs.

29 The pace of today may be just too fast  
30 for today's teen to just jump in and keep in step.  
He, therefore, becomes frustrated and looks for a





1 release of his own emotions.

2 Drug induced euphoria is a natural  
3 enough consequence. A breakdown in the family  
4 situation means that a kid must turn somewhere for  
5 security and he naturally goes to his peer group ,  
6 where, chances are, to be cool, he'll turn on  
7 by using drugs.

8 These are just a few of the causes  
9 of drug abuse. Other conclusions of drug abuse  
10 will be drawn at the end of this brief.

11 This brief is presented under the  
12 auspices of the Lucas Secondary School Students'  
13 Council, on behalf of the students of that insti-  
14 tution's student body.

15 We, the compilers of this brief,  
16 believe that the position stated in this brief is  
17 the opinion of the majority of the students in the  
18 said school, based upon they hypotheses and the  
19 contents of a short questionnaire given to a cross-  
20 section of the student body.

21 The questionnaire was given to  
22 approximately 275 students within our school, about  
23 one-fourth of the total population -- two grade nine  
24 classes, two grade ten classes, seven grade eleven  
25 classes, two grade twelve classes and any number  
26 of grade thirteen students which could be approached.

27 The questionnaire consisted of two  
28 basic questions. The first question was broken  
29 into three categories. The question was: Do you  
30 agree with the legalization of a) soft drugs,



1 consisting of marijuana and hash, etc.; (b) hard  
2 drugs, consisting of heroin, cocaine and the opiates;  
3 and (c) chemicals -- LSD, speed, amphetamines, DMT  
4 and mescaline.

5 The second question asked if penalties  
6 should be the same for trafficking or possessing  
7 of these drugs as they are under Canadian law at this  
8 time.

9 As well as these questions, opinions  
10 were expressed on control of drugs, penalties, possible  
11 law changes, and other suggestions. The results were  
12 tallied in each class<sup>room</sup> by a show of hands. The teacher  
13 in every case conducted a study and tallied the results  
14 on a piece of paper. These papers were then handed  
15 to a member of the Students' Council to compile the  
16 results of the survey. These results are contained  
17 in the following:

18 The first question asked was broken up,  
19 as previously stated, into three categories. The  
20 question was stated: Do you agree with the legali-  
21 zation of (a) soft drugs, or (b) hard drugs?

22 Now, the answers to (a), for soft drugs:  
23 Of the 275 students that responded to the questionnaire,  
24 approximately 210 wanted to see the drugs in this  
25 category legalized. There were a number of suggestions  
26 as to how to control the selling of these drugs.  
27 These suggestions will be found at the conclusion  
28 of this brief. Fifty-four percent were against the  
29 legalization of these drugs in any form. It is  
30 interesting to note that of the 54% against the legali-



1 of these drugs, forty were in grade eleven or higher.

2 Also, of the fifty-four, thirty-six were female.

3 Hard drugs: Of the same 275 students,

4 71 wanted to see the use of these drugs legalized.

5 The reasons varied, but the common theme seemed to

6 be that these people had to get the money to feed

7 their habit from somewhere, and some of it would be

8 by way of crime. Rather than that, the students

9 would like to see these drugs provided for those

10 who must have them, possibly like they have it in

11 Britain. The remaining 204 students were against

12 legalization of these drugs in any form.

13 (c) Chemicals: Of the 275 students

14 questioned, 257 thought chemicals of all types,

15 excepting the drugs used on prescription, should not

16 be legalized or condoned in any way. The remaining

17 18 thought they should be legalized.

18 The second main question on the

19 questionnaire was: Should the penalties be the same

20 for trafficking or possession of all these categories

21 of the drugs, as they are now? The survey came out

22 with a majority of 250 to 225 favouring lesser

23 penalties for possession of all, except chemicals;

24 speed possession laws should be revised; trafficking

25 should be severe for chemicals and hard drugs and

26 less for soft drugs.

27 Conclusions: Drug abuse is an in-

28 dication of bigger problems in society. Family

29 break-ups, abundance of leisure time, frustrations,

30 peer group influence; "Getting hooked will never





1 happen to me, only other people" seems to be a common  
2 attitude.

3 We suggest marijuana be controlled  
4 like alcohol with a minimum age, etc.; in much the  
5 same way, and cigarettes fall into the same category.  
6 Speed control laws should be modified or even  
7 expanded -- make it illegal to possess more than  
8 three ounces, or just illegal for possession entirely,  
9 and stricter control of drug manufacturers and dis-  
10 tributors, which mostly, now, are responsible for  
11 the production of half the speed on the black market  
12 we have today.

13 They feel that heroin should be given  
14 to addicts in special centres in a series of special  
15 hospitals such as Victoria, seventh floor, established  
16 across Canada so addicts or users can go there  
17 without fear no matter where they are, for any help  
18 they might need with their drug problem."

19 That is the students' brief. I wrote  
20 out one of my own, which is an opinion, and I'm not  
21 sure how far it would apply to the cross-section  
22 of the student body.

23 "The first thing that must be under-  
24 stood is that drugs are not the problem but are  
25 symptomatic of the problem. Therefore, any attempts  
26 to ameliorate the drug situation through legal channels  
27 are indirect. The drug problem is a manifestation  
28 and (inaudible) pills, and intrinsic  
29 in contemporary society. Drugs are, therefore, a  
30 response to a need, and not an end but rather a means



1 to an end.

2 It is necessary then to acknowledge  
3 that drugs of all sorts have a very significant  
4 part in society today. Hence, people will continue  
5 to procure them through whatever channels are open  
6 to them, irregardless of the illegality of their  
7 actions. Therefore, it must be admitted that the  
8 law enforcement in the drug situation is not only  
9 impossible but inane.

10 The drug problem can be mitigated  
11 only through social services, by tending to the  
12 individual's emotional and/or psychological problems  
13 responsible for the recourse to drugs. The fact that  
14 the drug user is, in the eyes of the law, a criminal,  
15 seriously hinders any means of help or even approacha-  
16 bility. Since it is unavoidable that the drug user  
17 will find drugs, it only becomes a matter of where.  
18 At the present time the source is largely attributed  
19 to the black market. This keeps the problem under-  
20 ground, making it impossible to deal with. Also, the  
21 quality of the drugs and the exorbitant prices only  
22 compound the problem.

23 It is, therefore, recommended that  
24 all drugs be made available through appropriate  
25 institutions that are able to deal with the full scope  
26 of the individual's problem, <sup>and also</sup> to remove drugs from  
27 the underground milieu, allowing the drug user access  
28 to people trained in helping him and to drugs of a  
29 quality which would be less deleterious to his health.  
30 This course of action is directed towards such drugs



1 as opiates, amphetamines and hallucinogens.

2 Marijuana cannot be termed a problem,  
3 outside the fact that it is illegal. Any investi-  
4 gations into its potential dangers have failed to  
5 turn up any substantial evidence that it is dangerous.  
6 I cite such investigations as that by Dr. Norman  
7 E. Zinberg in Boston, in 1968; by the  
8 Mayor of New York City in 1942; the United States  
9 Army in 1925; and the Indian Hemp and Drug Commission  
10 in 1892-94. The facts are there, if people could see  
11 through the clouds of prejudice, myth and ignorance.  
12 There are no good reasons why marijuana should not  
13 be legalized, and a hundred reasons why it should.  
14 For example, it is providing a large source of income  
15 for black market profiteers. The laws against it  
16 are responsible for making criminals out of innumerable  
17 young people; they are very obvious evidence of bad  
18 laws; and the laws are infringing upon the freedom  
19 of each individual.

20 It should again be stressed that  
21 changes in the laws on drugs are only serving to  
22 mitigate the problem, not to erase it. The drug  
23 problem is a symptom of a sick society. Only by  
24 attempts to deal with the sociological problems  
25 confronting us, can we eventually solve the drug  
26 problem."

27 MR. BOTTOM: I too have an opinion,  
28 which is very short. I think that drug use is a  
29 moral problem and it is time the government got at  
30 the moral issues. (Inaudible)





1 It's his choice as long as he doesn't affect someone  
2 else. (Portion inaudible)

3  
4 THE CHAIRMAN: Would you like to  
5 add anything?

6 DR. LEHMANN: I would just like to  
7 ask the last speaker whether he would extend that  
8 to any drug regardless of even two drugs which are  
9 known to be very dangerous, thalidomide and heroin,  
10 and so on?

11 MR. BOTTOM: If he knows it is  
12 dangerous, it is his choice to use it. It is his  
13 business. As long as he doesn't harm others.

14 THE CHAIRMAN: Well, what does that  
15 choice presuppose in the way of knowledge or under-  
16 standing, a maturity, if anything? Do you assume  
17 at a certain age they develop an understanding?

18 MR. BOTTOM: Arbitrary means are  
19 useless and ---

20  
21 (portion inaudible)  
22  
23

24 THE CHAIRMAN: But John Stuart Mills,  
25 who is usually cited as a philosophic authority,  
26 had a proposition to express, namely, that this is  
27 a matter of individual choice, but he makes an  
28 exception with respect to the young; he says the  
29 doctrine doesn't apply to those, if you want, of  
30 sufficient understanding and maturity to make a wise



1 choice. Do you make this assumption yourself?

2 MR. BOTTOM: I don't pretend to  
3 be God. I do not think that I have the right to make  
4 a moral judgment on someone else because I can't  
5 understand his motivations and, supposedly, it is  
6 a free society, so his motivations may be correct  
7 to him, and he should not be punished for what he  
8 is doing. As far as age goes, there is only one  
9 person who can decide that, and that is yourself.  
10 No one can tell you when you are not old enough.  
11 There is just no way.

12 THE CHAIRMAN: Well, do you acknowledge  
13 or recognize that the State has any responsibility  
14 with respect to dangerous substances? If so, what  
15 is this responsibility?

16 MR. BOTTOM: They can make it known  
17 what the effects are and therefore allow a person  
18 to make a more knowledgeable choice. But if his  
19 choice is heroin, or something of that nature, and  
20 if it was legal, he wouldn't have to steal to get  
21 it because the price would be down.

22 THE CHAIRMAN: You would say the  
23 State has a responsibility to inform people of the  
24 dangers?

25 MR. BOTTOM: But not to dictate morals.

26 THE CHAIRMAN: That is a way of  
27 summing it up. I want you to be more specific than  
28 that. It has a duty, you say, to inform of dangers  
29 involved?

30 MR. BOTTOM: Yes, it does.



1 THE CHAIRMAN: Does it not have,  
2 in your judgment, any responsibility to restrict the  
3 availability of dangerous substances?

4 MR. BOTTOM: No, it doesn't, because  
5 if someone is of such -- a particular character  
6 that he decides he wants this, you know, it is --

7 DR. LEHMANN: If a five year old  
8 wants to buy thalidomide, he should be allowed to?

9 MR. BOTTOM: That comes down to --  
10 you are going to have to -- you cannot make an  
11 arbitrary -- okay, you can't make an arbitrary  
12 decision on what age is -- you could, like, de-  
13 centralize government, so that you have a Board, and  
14 you know, you could take it from the Board entry  
15 in each case as specific, rather than generalizing  
16 it, kind of, as you go along. Maybe a five year old  
17 shouldn't be, but I am not going to say he can't.

18 MR. STEIN: What about the point  
19 made this morning? Perhaps you weren't here this  
20 morning.

21 MR. BOTTOM: I was.

22 MR. STEIN: You were. There was  
23 quite a lengthy discussion about the responsibility  
24 of the pharmacists and the manner in which drugs  
25 are, in a somewhat huckster fashion, pushed, through  
26 the TV, and over-the-counter drugs are sold via  
27 display, and so forth. Do you feel that there should  
28 be any control on this by the State or should a  
29 pharmacist -- not to single out pharmacists -- should  
30 anyone be allowed to do whatever they want to, to





1 encourage their fellow man to utilize drugs? Is  
2 there any control at all?

3 MR. LYNCH: I think the choice in  
4 that situation is being taken away from the individual  
5 by the advertising he is subjected to. The advertising  
6 is creating the market.

7 MR. STEIN: Should there be any  
8 state interference on this?

9 MR. LYNCH: On the advertising,  
10 certainly.

11 MR. STEIN: Why?

12 MR. BOTTOM: I don't believe in  
13 indoctrination. I'm sorry, I can't see propaganda  
14 pro government or propaganda anti government, pro drug  
15 or anti drug.

16 MR. CAMPBELL: What about the popular  
17 music industry? Should this be tolerated, as a great  
18 deal of it is pro drugs, by groups that have,  
19 undoubtedly, a heavy influence over the young.

20 MR. LYNCH: The thing about popular  
21 music is, you get all sides of it, it is an open-  
22 minded field. You have free choice. It is not a  
23 narrow field so that you're only subjected to only  
24 one type of music.

25 MR. BOTTOM: You have the choice  
26 as to what you want to listen to and what you want  
27 to do.

28 THE CHAIRMAN: Speaking about the  
29 influence of popular music on drug users, the message  
30 of pro drug use -- is there any anti drug thought in



1 music?

2 MR. LYNCH: There is all sorts of  
3 anti drug -- maybe not in music but in literature,  
4 influence, you know, like, society is pressing anti  
5 drug.

6 THE CHAIRMAN: Your point is, there  
7 should be no ---

8 MR. LYNCH: You are driving pop music  
9 into a reaction which becomes, maybe, too far in  
10 favour of drugs.

11 THE CHAIRMAN: But your point, then,  
12 is that there should be no attempt to restrict  
13 propaganda or persuasion in favour of drug use,  
14 whether it be by music, media or advertising, or  
15 what have you? This is your proposition?

16 MR. LYNCH: When you start to inflict  
17 upon the rights of the individual, then you are where  
18 you shouldn't be as a government. And advertising --  
19 restricting advertising is by no means restricting  
20 the rights of the individual, because that is mass  
21 media. But, when you start telling the person himself  
22 that he can't do drugs because you feel they are  
23 wrong, that is wrong.

24 THE CHAIRMAN: We are talking about  
25 the advertising now. We are talking about propaganda,  
26 if you want to put it that way, in favour of drug  
27 use, and I am talking about the restriction of drug  
28 use as such. I just want to understand your approach,  
29 in terms of government responsibility. Do you feel  
30 there should be no attempt to restrict, interfere



1 with, persuasion -- call it what you will, persuasion,  
2 advertising, propaganda, in favour of drug use,  
3 whether it be through music; the advertising; through  
4 the press?

5 MR. LYNCH: If it is becoming a  
6 monopoly, certainly.

7 MR. BOTTOM: These things have to  
8 be dealt with singularly, because who can say, "Well,  
9 you are right" -- free speech is being impeached upon,  
10 or where you're right, where this indoctrination  
11 becomes transgression of someone else's rights. You  
12 see, each case would have to be seen by a commission  
13 such as yourselves, that was set up just to hear  
14 these problems, and through rational discussion come  
15 up to a conclusion, that would, hopefully, be the  
16 right one. It is much better than what we've got  
17 now.

18 MR. STEIN: You said that a person  
19 should have the free choice to take whatever drugs  
20 they want. Assuming that some individuals might  
21 use it -- well, we have heard this earlier and it  
22 is certainly no secret, to know that some get into  
23 difficulty with the use of drugs, do you think that  
24 when a person is having difficulty and is in need  
25 of some sort of assistance, medical or otherwise,  
26 it is the state's responsibility to make sure that  
27 there is such assistance available, or should he  
28 just -- he has chosen this thing and it is his own  
29 business, and if he is having trouble ---

30 MR. BOTTOM: If he wants out, then,





1 you know, I think by all means -- like, they should  
2 set up something, where he can get out, if he is  
3 on heroin, they have a substitute now which costs  
4 approximately a dollar a hit, and there is nothing  
5 wrong with it. It doesn't harm him in any way,  
6 physically, and it takes you off. So, you have got  
7 all sorts of things. Like, they have "up" pills  
8 and "down" pills to take you off various things, if  
9 you want ---

10 MR. STEIN: What I am saying is, if  
11 a person has got themselves into difficulty, of their  
12 own free will, do you really feel the state should  
13 be bothering to pick up the pieces, as it were?  
14 Shouldn't he have to pick up the pieces himself?

15 MR. BOTTOM: The government is for  
16 the benefit of the people. The government is not  
17 for the benefit of the government.

18 MR. LYNCH: I think most abuse is  
19 caused by social problems, and that's the state's  
20 responsibility. Like, the drug itself is very rarely  
21 the problem, it is symptomatic, and so the state has  
22 to concern itself with the social problems underlying  
23 the drug problem.

24 MR. BOTTOM: Actually, I disagree  
25 with that. I don't think the state has any right to  
26 interfere with what -- like, the state should just  
27 concern itself with administration and criminal  
28 offences ---

29 THE CHAIRMAN: Administration of what?

30 MR. BOTTOM: Building roads, and other



1 such things, you know, that's fine. But when you  
2 start dictating sex and drugs and things like that,  
3 the law should have absolutely no bearing on that  
4 in this respect. Those are moral issues.

5 THE CHAIRMAN: Should it concern  
6 itself with sanitation?

7 MR. BOTTOM: Yes, I think that is  
8 part of administration, yes.

9 MR. LYNCH: I think you'll probably  
10 agree with me here, that the state is responsible  
11 for social situations. If people have emotional  
12 problems, psychological problems, the State should  
13 provide services and people that they can go to.

14 MR. BOTTOM: If they so wish.

15 MR. LYNCH: There should be no  
16 dictation as to what they should do. These should be  
17 left open to the people, if they want them.

18 MR. CAMPBELL: Well, you have made  
19 this point that the individual should be free to do  
20 what he will as long as he doesn't harm other people.  
21 Now, I think there is a good deal of evidence to  
22 support the conclusion that unhappiness between  
23 parents, an unsatisfactory family, is one of the single  
24 most significant causes of mental illness, delinquency,  
25 divorce at the next generation level, and so on.  
26 Allowing two people who have a very low probability  
27 of having a satisfactory marriage, to marry and  
28 procreate, is allowing people to commit an act that  
29 then is going to influence other people, i.e., their  
30 children. Is the state then warranted to step in and



1 say, "The evidence we have is so great that you  
2 will do harm to other people, that is to say,  
3 your children, that you two will not function."

4 MR. BOTTOM: No, that is an excuse  
5 that has been used quite a bit. Actually, if two people  
6 want to be married, and, you know, so maybe they  
7 get to the kids-- I don't care, it is their business,  
8 but, at such an age that the child has alternate  
9 sources through social programs where he can express  
10 this, and if he so desires, you know, after discussions  
11 with adults, then he can get out of it if he wants  
12 to. You know, that is his right. No one should  
13 have this ultimate decision over moral issues.  
14 Moral issues -- they are supposed to be up to the  
15 people.

16 MR. LYNCH: The state is already  
17 involved in procreation. Like, they make birth  
18 control, only doctors can give it out. Not everybody  
19 can get it. It is not publicly available. Abortions  
20 are restricted. If these measures were passed and  
21 people were really free -- women especially, then  
22 I think it would naturally level off, the population.

23 THE CHAIRMAN: How is abortion a  
24 moral issue, only? Well, abortions involves putting  
25 a living thing to death.

26 MR. LYNCH: The laws of abortion, I  
27 am talking about. The state says abortion is illegal,  
28 you can't do it, and you are going to have to do it  
29 only through special permission. And that is where  
30 the state is infringing on women's rights, there.





1 THE CHAIRMAN: There is no other  
2 issue but the women's rights?

3 MR. LYNCH: It is an infringement  
4 on personal freedom which is the whole basic premise  
5 of the whole thing.

6 MR. CAMPBELL: You mentioned earlier  
7 that you see the break-up of the family, or the  
8 breakdown of the family, as a principal source of  
9 heavy drug use. This statement implies that there  
10 was a better family structure or better family system  
11 than the one existing in this year. What sort of  
12 family situation do you have in mind here, that we  
13 are moving away from? What were the better character-  
14 istics of the family in the recent past, that have  
15 changed?

16 MR. LYNCH: Well, a family where the  
17 father and mother had things to tell their children.  
18 In society today, everything the kid knows comes  
19 from school or from what he finds, you know, through  
20 the television, or something else. He very rarely  
21 goes to his parents. There is no communication, and  
22 that is usually the underlying cause of the breakdown  
23 of the family. If people are just associating  
24 because they live in the same house, they are not  
25 really talking to one another, and how can they ever  
26 get close?

27 MR. CAMPBELL: What do you see as the  
28 source of this communication problem?

29 MR. LYNCH: The generation gap. A  
30 lot of people say it isn't here but look at the



1 different generation.

2 MR. CAMPBELL: What has caused the  
3 generation gap?

4 MR. BOTTOM: Drugs.

5 MR. LYNCH: That is half of it.

6 MR. CAMPBELL: Then you've got to  
7 circle around and say this causes drugs, and drugs  
8 cause the gap.

9 MR. BOTTOM: It's just a misunder-  
10 standing, like, you're trying to draw -- It is,  
11 actually -- it is just that the generations before --  
12 like, I don't personally think that the generation  
13 gap is all that it seems to be, but there definitely  
14 is a gap, and it comes between the area where people  
15 have used drugs, and therefore, they are involved  
16 in a different culture, actually, than their parents  
17 who, you know, go to a bar on Friday night, or some-  
18 thing.

19 MR. LYNCH: It is very hard to  
20 communicate.

21 MR. BOTTOM: And, they don't accept  
22 it as -- actually, that's the only gap I can see  
23 that you can call a generation gap. It is just a  
24 cultural gap.

25 MR. LYNCH: But look at the environ-  
26 ments, the two different environments we have grown  
27 up in. We have grown up in a very affluent society,  
28 you grew up in the thirties and during the Second  
29 World War. I mean, what bigger gap can you get than  
30 that?



1 MR. CAMPBELL: I grew up in a very  
2 affluent society.

3 MR. LYNCH: Where did you grow up?

4 MR. CAMPBELL: Ottawa. My parents  
5 were quite wealthy.

6 MR. LYNCH: Well, then, you are the  
7 exception.

8 THE CHAIRMAN: What conclusions are  
9 we to draw from that?

10 MR. LYNCH: I mean, he was asking  
11 about the family breakdown.

12 THE CHAIRMAN: I was asking him the  
13 question.

14 MR. CAMPBELL: You were saying there  
15 was a difference here -- I'm just saying that for  
16 a lot of us there wasn't a difference in affluence  
17 at all. I am trying to get back behind this.

18 MR. LYNCH: There is a difference.  
19 I mean, just because it isn't there in your case,  
20 it doesn't mean it's not there on a general scale.

21 MR. CAMPBELL: Then you're laying  
22 a lot as to this question of the relative affluence  
23 of the two generations.

24 MR. LYNCH: That's one thing in the  
25 experience gap. Why would people want to do drugs  
26 when -- if they've lived during the Second World War?  
27 They're going to get all the excitement, all the  
28 kicks they want in the war. In this society -- in  
29 society today there's no excitement. People are  
30 living/<sup>a</sup>very staid, very comfortable existence, and





1       they are becoming frustrated by it.

2                   THE CHAIRMAN: Yes, this is important.  
3       Did I understand you to say that boredom is one of  
4       the causes of drug use?

5                   MR. LYNCH: People are searching  
6       for excitement -- experiences, adventures.

7                   THE CHAIRMAN: But, we've had those  
8       so-called kicks, if you want to refer to them like  
9       that, in the Second World War. We can't live on  
10      them forever, you know ---

11                  MR. LYNCH: No, but it has satisfied  
12      a need -- people need excitement, people crave to  
13      be doing something that animates them.

14                  THE CHAIRMAN: You mean that in our --  
15      when we were your age, we had an opportunity to have  
16      this experience?

17                  MR. STEIN: What do you make of the  
18      American situation right now, where they are clearly --  
19      there are quite a few people who don't want that  
20      particular type of kick, and they are young people,  
21      and they are saying, you know, "We don't want that  
22      as an experience."

23                  MR. LYNCH: I'm not saying this is  
24      a desirable kick. I mean, I would rather do drugs  
25      because at least then, you don't endanger your life.  
26      The thing is, you need an experience -- experiences,  
27      you need excitement, you need feelings of fear,  
28      feelings of elation, this is what builds your  
29      personality.

30                  THE CHAIRMAN: Well, anxiety also



1 builds your personality, doesn't it?

2 MR. LYNCH: Not frustrated anxiety.  
3 That destroys it.

4 THE CHAIRMAN: To the extent that  
5 you evade that, you get rid of anxiety with drugs,  
6 do you think you are not interfering with the  
7 development of personality, maybe?

8 MR. LYNCH: You are taking it for  
9 granted that everybody does drugs as an escape,  
10 which isn't true at all. It's there in some cases,  
11 but there is also an intellectual sort of growth,  
12 and there are also lots of other cases. People are  
13 doing drugs for a lot of different reasons. It is  
14 not just an easy way out for everybody.

15 THE CHAIRMAN: So you seem to be  
16 saying -- I understand you to be saying that in  
17 society today there is an insufficient challenge  
18 for the personality to develop, to feed on. Am I  
19 right in understanding this? So you have to create  
20 this.

21 MR. LYNCH: Unfortunately, yes.

22 MR. STEIN: What about the point you  
23 made earlier, where you said there was a responsibility,  
24 or, the state should stay out of areas of personal  
25 freedom. Do you see any challenge to the individual  
26 in terms of some responsibility he has to the state?  
27 In other words, you have given indication of what  
28 the state ought not to do, and often, although you  
29 two have not cited it, we have heard a long enumeration  
30 of many, many social problems which are afflicting us



1       today. Do you see any responsibility, even in the  
2       general sense, or the broader sense, that you, as  
3       individuals have, that you have to feed into the  
4       state?

5                   MR. BOTTOM: The State is really  
6       a tool of the people, right? So the only responsibi-  
7       lity to the state --- (inaudible)

8  
9       that you shouldn't transgress his rights. Fine, if he  
10      wants to do this, if he wants to shoot up speed,  
11      or something, that's fine. I don't care. Now,  
12      that is the only thing you owe everybody, anybody.

13                  MR. STEIN: What about -- to take an  
14      issue that everyone is talking about -- pollution,  
15      should an individual sit back and wait for the state  
16      to do something about this, whoever the state may  
17      be -- the elected officials, or has he got some  
18      responsibility to ---

19                  MR. LYNCH: He has a responsibility  
20      to himself. It is his world too.

21                  MR. STEIN: Just to himself?

22                  MR. LYNCH: Well, simply to himself  
23      first of all, and maybe he has a responsibility to  
24      everybody else, but from a selfish point of view,  
25      he has a reason to fight pollution.

26                  MR. BOTTOM: He doesn't have to be  
27      committed to fight pollution, but if he feels that  
28      his rights are being offended by somebody stinking  
29      up the air and the water, then he has the moral  
30      obligation to himself, because someone is stepping





1 on him and he is not stepping back. So the way  
2 I understand it is, that the major responsibility  
3 the person has is a defensive one. He should make  
4 sure that he is not interfered with, and he should  
5 get involved in some kind of active pursuit with  
6 government officialdom when he is being interfered  
7 with. I am trying to zero in on your statement that  
8 there isn't anything exciting or really challenging,  
9 and I'm wondering if it isn't connected to your  
10 view, that the only responsibility we have is to  
11 defend ourselves from being interfered with rather  
12 than creating together some improved, qualitative  
13 human existence.

14 THE CHAIRMAN: The lady at the  
15 microphone there?

16 MR. LYNCH: I think it is interesting  
17 that the wave of political action and social concern  
18 is concurrent with the arrival of drug use into the  
19 youth culture.

20 MR. STEIN: Is it, because we have  
21 heard very often that it's the people who become  
22 the heavier users -- the heavy users, whoever they  
23 may be, become pretty disinterested in political acti-  
24 vism. And political activists have said publicly  
25 student leaders,  
26 in various places; that they get dismayed over the  
27 fact that drugs seem to become a sort of safety  
28 valve.

28 MR. LYNCH: An escape.

29 THE CHAIRMAN: The lady at the micro-  
30 phone there. She has been waiting for some time to



1 be recognized.

2 THE PUBLIC: Well, I believe that  
3 this kind of thing is what causes most of the hassle.  
4 Like, in getting drugs legalized. I don't believe  
5 that drugs in any way can expand your mind or that  
6 you could solve our social problems, and I don't  
7 believe it is a direct cause. I think there has been  
8 a need for this kind of thing ever since -- I don't  
9 know, I guess I can say since the beginning of the  
10 century.

11 I think the only reason for drugs  
12 is an escape, like you go to see a movie or you go  
13 to play a game of football. It is just a way of  
14 getting out of this normal rut and trying to forget  
15 people's problems, and having to know all the time  
16 exactly what you are doing. That this is an escape,  
17 it is not a reality.

18 MR. LYNCH: How much indoctrination  
19 is given in our schools towards social concern? It is  
20 getting better now, but the generation that is involved  
21 with drugs now, how much social consciousness was given  
22 to them when they went through the system? This is the  
23 only -- maybe it's the wrong choice, but this is the  
24 choice they get, maybe out of ignorance.

25 MR. STEIN: I'm interested in a  
26 comment that you made. Were you suggesting that  
27 they are an escape, and that that's okay, and we  
28 would just accept that and stop trying -- what did  
29 you mean?

30 THE PUBLIC: Well, the thing I think



1 that drugs should be compared to is -- it is not  
2 a complete escape because it has some kind of message,  
3 so it gives you something so you can solve your  
4 problems maybe better, but I don't think people  
5 should look at drugs as anything more than that,  
6 like, as a whole other reality, because that is what  
7 causes the problems.

8 MR. MURRAY: A while ago you made  
9 reference to rock music as, like, a drug advertising  
10 agency, and I think most of the -- a list of the  
11 songs and their wisdom would sort of tend  
12 to (inaudible)pro drug songs, not telling us to do  
13 drugs, but providing a medium for enjoyment and  
14 the pro drug songs are more or less painting a pretty  
15 picture of the influences, generally, of cannabis  
16 derivatives and, to some extent, LSD. Now, I believe  
17 we are policing our own, in the rock music system.  
18 I quote a group that you might not be familiar with,  
19 but most bands would, "Country Joe and the Fish", from  
20 California, song, "Blue Crystal": "Blue Crystal's  
21 got my woman, and it's drivin' her insane" -- its  
22 an anti speed song. "Steppenwolf" -- "The Pusher",  
23 quote: "God damn the Pusher man", as in relation  
24 to the pusher,..."I'll kill him with my Bible, my  
25 razor and my gun..."

26 Now, statements have been made anti  
27 every drug. Statements have been made to the press  
28 by Peter Townsend of "The Who", Donovan Liech, Frank  
29 Zappa of "Mothers of Invention", Ian Anderson of  
30 "Jethro Tull" and Don Van Vliet of "Captain Beefhart





1 and his Magic Band". These are groups that mean  
2 a lot to the people who enjoy rock music, so, I think,  
3 in effect, we are policing our own in that extent.  
4 Nobody is telling us to do it, and a lot of people  
5 are telling us not to do it. So I don't think that  
6 there's any general mass advertising and whatnot.

7 I didn't think, maybe, you, the  
8 Commission would realize this, and I thought ---

9  
10 THE CHAIRMAN: I think we will call  
11 on the next submission. Thank you for your assistance.

12 We call on Mr. John Brady and Mr. Daniel  
13 Ross, Law Students, University of Western Ontario.

14 THE PUBLIC: In relation to rock music  
15 and other things being pro and anti drug advertisement,  
16 in censoring us in relation to it, you're not going  
17 to be able to do this without censoring most of the  
18 drug commercials that are on the mass media, and --  
19 because, even though, most of these drugs are  
20 considered medically safe, drugs affect different  
21 people in different ways, and who is to say that  
22 sleeping pills that are not on prescription won't  
23 affect somebody in a bad way. So, I feel that it  
24 is inconceivable to say that just because songs --  
25 some of them have pro drug messages, that you can  
26 stop these, because it would be rather hypocritical  
27 to do this without doing it with non-prescription  
28 drugs, because in one sense it is self treatment,  
29 and a lot of the anti drug campaign is carried on  
30 in this way: "Go and treat yourself", and so this



1 is what people are doing. They're buying aspirin  
2 and non-prescription sleeping pills.

3 THE CHAIRMAN: Thank you.

4 Mr. Brady and Mr. Ross? Would you  
5 introduce your colleague, please?

6 MR. ROSS: My colleague is Dr. Carl  
7 Grindstaff of the Department of Sociology, University  
8 of Western Ontario, who was our consultant on this  
9 brief.

10 My name is Dan Ross and this is John  
11 Brady.

12 The purpose of our study was, generally--  
13 we attended in Toronto, at your hearings down there,  
14 and found you had received a wide scope of opinion,  
15 but with objective patterns lacking.  
16 And I was interested in Dr. Thurlow's comments this  
17 morning, and he didn't have any information  
18 (inaudible) from Western Ontario for his study.

19 I should also mention Professor  
20 Edward Ryan of the Law School, who was unable to  
21 attend today, but he was very helpful in the prepa-  
22 ration of this study.

23 THE CHAIRMAN: I should say we welcome  
24 the presence here today of Dean Mackay of the Law  
25 School.

26 MR. ROSS: Generally, our study was  
27 broken down into five major sections which you  
28 will see listed in the survey itself. We tried to  
29 test a wide number of variables, in their application  
30 to the non-medical use of drugs.



1                   The way we will break down our  
2 presentation today -- Professor Grindstaff will give  
3 the background information and why we think our  
4 particular sample is valid, and I will give use  
5 and non-use correlation of findings, and Mr. Brady  
6 will give you the correlation of findings concerning  
7 the attitudes of the users across the university  
8 sample.

9                   THE PUBLIC: Could the public address  
10 system be turned up a bit higher?

11                  THE CHAIRMAN: It's difficult to hear.  
12 If we could turn up the public address system and  
13 the heat down, it would be perfect. I don't know  
14 if they are connected.

15                  Perhaps, if we could speak closer to  
16 the mikes, that might be a help.

17                  MR. ROSS: We would be happy to answer  
18 any questions and give our opinions, but basically  
19 our study was to be descriptive and objective, and  
20 we will try to keep that, in that light.

21                  I will now ask Professor Grindstaff  
22 to explain, briefly, the background.

23                  PROFESSOR GRINDSTAFF: I would like to give  
24 credit where credit is due, and John and Dan worked  
25 extremely hard on this study.

26 and I think this shows the commitments we have.  
27 They worked many hundreds of hours on this study.

28                  We were basically trying to develop  
29 a sample of students at the university, that we could  
30 generalize from, to the total university -- or, perhaps,





1 university students all across Canada. That is not  
2 any easy task, to develop that kind of sample. We  
3 have tried a survey in class, in the Sociology  
4 Department this year, where they tried to take a  
5 random sample of students, mail them a questionnaire  
6 and get the results back. They got about a thirty  
7 to forty percent return on their sample, which  
8 kind of takes away the benefits of the random sample,  
9 so they were having problems generalizing from the  
10 study.

11 We felt that perhaps the best way  
12 was to take this kind of random sample and then  
13 (inaudible) to make sure you get as  
14 close to 100% of the return as possible.

15  
16  
17 We took samples of students, by  
18 classes, through the university, at roughly, the  
19 same point in time, and we tried to get as closely  
20 as possible to 100% return.

21 The sample -- 487 students who  
22 attended classes, we were able to get, out of a  
23 possible 600, so we got, roughly, 80% of a possible  
24 sample if everyone had attended classes in our  
25 sample here.

26 We took them by various subjects, and  
27 we have people here from sixteen different major  
28 areas in university. We focused primarily --  
29 expediency was one reason, but also we were interested  
30 in some particular attitudes of certain kinds of.



1 students. We focused on law students, engineering  
2 students, sociology students, and tried to get some  
3 kind of spectrum of what is the stereotype of people  
4 in their attitudes towards drugs.

5 I think we developed a fairly good  
6 sample from our questionnaire.

7 We tried also to follow the little  
8 yellow sheet that the Commission has provided here  
9 today. We tried to follow it closely. We were  
10 cognizant of it before, so we were trying to get  
11 socio-economic background data of those people who  
12 are using drugs, and not using drugs, trying to get  
13 attitudes of these kinds of people, and trying to  
14 marshal as much objective and descriptive information  
15 as we could.

16 Paul Whitehead has done a study  
17 similar to this with high school students, in Dal-  
18 housie. I believe that Professor Anderson had also  
19 done a study using

20 There are (inaudible) in Canada  
21 and I think there is a descriptive, objective data  
22 that we need in order to bring about any kind of  
23 change, or (inaudible)

24  
25 So, with that, let me indicate some  
26 of the background characteristics of the students  
27 that we sampled and then try to indicate the back-  
28 ground characteristics of both users and non users  
29 of drugs.

30 Now, we had six classifications of



1 drugs. The first was stimulants - dexedrine,  
2 benzedrine, amphetamines and speed; the second was  
3 sedatives such as barbiturates, amytal, seconal;  
4 the third one was tranquillizers; fourth, hallucino-  
5 gens, except marijuana -- I think we made some  
6 errors here, but I think they're not drastic. We  
7 included LSD, hash, and mescaline under all  
8 hallucinogens except marijuana, and we had a separate  
9 category for marijuana, and a separate category for  
10 things like glue and solvents -- that kind of thing.  
11 We tried to determine the extent of use and the  
12 kind of people who were using these various kinds  
13 of drugs.

14 To determine the background character-  
15 istics, we, rather arbitrarily decided on listing  
16 25 to 30 different kinds -- as many as we could  
17 think of, that we felt might be related to the use  
18 of drugs. First of all, we wanted to make sure  
19 that, as closely as possible, we had a student sample  
20 that was representative of not only the students  
21 of Western, but, perhaps, by extension, the students  
22 of--who might be all across Canada.

23 The first section of this study falls  
24 at -- perhaps I could just briefly summarize it:

25 The median age of our sample population  
26 was 21, the median age at the university was 20.  
27 The difference was, I think, primarily in law students--  
28 they tended to be older. Ninety percent of our  
29 student sample was single, which is consistent with  
30 university people in general.





1                   Our sample was some 69% male, which is a  
2 bit  
/higher than the university -- the university is 61%.

3       But, again, I think this is common, or primarily, by

4  
5                   (portion inaudible)

6       I think that accounts for the additional count of  
7 males in our sample.

8                   We asked a question which we thought  
9 would be very important: the personal income that  
10 the students had, what we call in our study,  
11 "consumable income" -- the amount of money that they  
12 get for so-called extras, that they don't have to  
13 spend for rent, food and so on. We were a little  
14 bit surprised that students were not as affluent  
15 as we might have thought, averaging about \$1,200  
16 per year, or this kind of money. We wanted to see  
17 if there was any relationship between the amount  
18 of money available and whether or not students were  
19 using or not using certain kinds of drugs.

20                   As I mentioned before, in terms of  
21 the major fields of studies of our students, we  
22 got samples from sixteen different areas; again,  
23 primarily in Sociology, Law, Engineering. We compared  
24 these to the university population and by and large  
25 we got fairly -- I think a fairly representative  
26 sample of our university, with the exception of these  
27 three categories, which were purposefully put into  
28 the study.

29                   We also looked at the occupation,  
30 income, and educational backgrounds of the students'



1 parents. We found that, not surprisingly, I think,  
2 that the students are primarily from upper-middle  
3 to upper class backgrounds in terms of occupation.  
4 Seventy percent of the parents were professional or  
5 white collar people. Income -- some 50% were above  
6 the \$10,000 level. Education - some quarter of the  
7 parents had some university training. Now, this is  
8 consistent, again, with university people across  
9 Canada -- from a study done by Mayor Stronach  
10 a few years ago. And it is also, roughly, twenty  
11 to thirty percent above the average Canadian  
12 population.

13 THE CHAIRMAN: Excuse me, Professor  
14 Bertrand would like to ask you a question.

15 PROFESSOR BERTRAND: I see you relate  
16 the age of your respondents to the general age of  
17 the university population, and I don't see that  
18 we have the relationship between the students' income  
19 in your sample and the income -- average income  
20 of the students at your university. Do we have  
21 that?

22 PROFESSOR GRINDSTAFF: I don't have  
23 that data. There was no way I could find out. We  
24 got most of the statistics for the university from  
25 the Registrar's Office and they couldn't provide  
26 us with ---

27 PROFESSOR BERTRAND: They didn't  
28 have that material?

29 PROFESSOR GRINDSTAFF: We just didn't  
30 get it.



1                   We also looked at the residence, in  
2 terms of size, that the students had come from.  
3 Some 50% of our sample came from cities of 100,000  
4 or larger, while the students were -- both at the  
5 time the students were in high school and at  
6 university. That's, very roughly, consistent with  
7 the Canadian population on the whole for students.

8                   We found that mobility patterns --  
9 there is some idea that people who are mobile, perhaps  
10 are less stable and more likely to use drugs and  
11 these kinds of things. We tried to develop indices  
12 of mobility and we found that most of our students,  
13 some 50%, had lived in only one house during high  
14 and were relatively stable -- developing friendship  
15 patterns and that kind of thing during high school.

16                  While at university, most of our  
17 students were either living in university residences  
18 or in rented homes, apartments or boarding houses,  
19 for most of the period of time during which they  
20 were at the university.

21                  We also looked at family characteristics  
22 relating to, what we called, cohesion and authority,  
23 during the students' adolescent years, thinking that  
24 this may possibly be related to the use of drugs --  
25 such as divorce rates. We found that <sup>in</sup> less than 5%  
26 of our sample, parents had been divorced or separated  
27 while they had been in high school or during  
28 adolescent years. We found that some 25% of the  
29 students' parents both worked full time most of the  
30 time -- a relatively high figure, I think.





1                   We also thought that, perhaps, the  
2     number of children in the family might have some  
3     relationship, and parental authority, and the amount  
4     of time parents spent with their children, and so on.  
5     We found our sample was, roughly, equivalent to the  
6     people in North America, two or three children  
7     families were the norm; over 50% of our sample came  
8     from families that had two or three children.

9                   We also asked the question of parental  
10    dominance. We simply asked it that way and the  
11    student made his own identification, whether or not  
12    his parents were equally responsible for his decisions,  
13    whether one was more so, or not. We found, in terms  
14    of the student attitude toward it, the father was  
15    dominant in some 25%, the mother, dominant in about  
16    the same proportion, and about 50% of our sample  
17    said that the parents were equally dominant in their  
18    growing up.

19                  Church attendance, we felt, might  
20    possibly be related. We found that from our sample,  
21    51% of the parents attended church once a week,  
22    about 30% of our students did the same. On the  
23    other end of that scale, about 13% of the parents  
24    never went to church, and about 22% of our student  
25    sample never went to church. We thought that,  
26    perhaps, this might be related to drug use, which  
27    I will talk about in a second.

28                  I think, in conclusion from the back-  
29    ground variables that we looked at, that our sample  
30    seems to be fairly typical of university students in



1 general, and I think that our findings can be, with  
2 some degrees of inaccuracy, I would say, generalized  
3 to, not only our university, but perhaps other  
4 universities throughout Canada. I would be interested  
5 to hear some of Mr. Campbell's statistics, here,  
6 on some of the studies he did, to see if there are  
7 any large discrepancies between ours.

8 And, so with that, let me again, as  
9 briefly as I can, go through and examine the inter-  
10 relationships between some of these background  
11 characteristics in use and non use of students in  
12 our sample.

13 We measured the statistical relation-  
14 ships in a statistical technique known as chi square  
15 and I am not going to -- I'm just going in more  
16 with the elements of that, it's simply a  
17 statistical technique to see if there's a significant  
18 difference between people using and not using drugs,  
19 given the background variables that we've looked at.

20 In terms of age there was not a  
21 significant relationship between the age of our  
22 student sample population and drug use. As a matter  
23 of fact, there seems to be a trend that, proportion-  
24 ately, usage increased with age at the university.  
25 Now, this may be somewhat of a function of the use  
26 of a certain kinds of drugs becoming more prevalent  
27 in our society. I will have a word to say about  
28 that a little bit later.

29 In terms of sex, there was a signi-  
30 ficant relationship. Males were much more likely



1 to use drugs, in general, and females -- I can  
2 give you the data. Our males formed some 69% of  
3 the sample, but they comprised some 81% of the drug  
4 users. I'm on page 44 of this document.

5 We looked at the year graduated from  
6 high school. About 40% of our sample were first year  
7 students. Relationship was not significant,  
8 according, again, to the chi square statistical  
9 technique, in relationship to the year graduated from/<sup>high school.</sup>

10 In terms of earned income, again our  
11 relationship was not significant. Income did not  
12 seem to be a factor in the drug use. At least,  
13 statistically significant.

14 Now, we had a trend that indicated  
15 that the more money people had, the more likely  
16 they were to be users. For example, 15% of our  
17 using sample had a consumable income of less than  
18 \$500. This figure for non users was 21%.

19 Now, if we go to the other end, those  
20 people who had over \$1,500 to spend, consumable  
21 income, 41% of all users fell into that category.  
22 In non users, this was 34%. So, the more money  
23 they had, it seemed, the more likely they were to  
24 be users. But it wasn't statistically seen, it was  
25 just a trend in that direction. Paul Whitehead,  
26 in his study at Dalhousie, found a little more  
27 significant relationship. On his variable, it might  
28 be a bit different for high school students compared  
29 to university students.

30 Income from other sources was also





1 not significant. And we also asked the question  
2 about the use of a car. We thought, perhaps, the  
3 mobility of a student might, in some way, relate to  
4 whether or not he was able to obtain drugs or use  
5 drugs, and we found there was no relationship there.

6 You may be getting bored with the  
7 idea of seeing no relationships between these  
8 variables, but I think at the end we could make  
9 fairly important conclusions out of this. Sometimes  
10 no findings are the most important findings of all.

11 Years in university - there was also  
12 no significant relationship.

13 Field of study-- there was. We found  
14 a significant relationship between the field of study  
15 and the use of drugs. The highest relative pro-  
16 portions of users appeared to be in Business, which  
17 is a bit of a surprise -- it was to us. However,  
18 we only had 22 studnets in the sample. Eleven users,  
19 11 non users, so that the sample size makes you  
20 look at little bit wondering at that.

21 THE CHAIRMAN: How were those 22  
22 students selected? You might have told us that.

23 PROFESSOR GRINDSTAFF: We had classes  
24 in which we provided this questionnaire, and there  
25 were six major classes: Sociology, Psychology, Law,  
26 History, English and Engineering. Now, within these  
27 classes there are various kinds of students and we  
28 happened to pick up 22 Business students as we went  
29 along, Business students taking courses.

30 THE CHAIRMAN: But, they volunteered.



1     These were 22 -- they self-selected.

2                   PROFESSOR GRINDSTAFF: We got 100%  
3     return on our sample. We passed them out in class  
4     and they handed it back to us. Now, we got,  
5     roughly, 500 returns out of a possible 600. Now,  
6     there were about 100 people who weren't in class  
7     that day, which is, perhaps, a little better than  
8     average; at least in my classes.

9                   So, the field of study was significant.  
10    Social Science and Law ranked second and third res-  
11    pectively, in relative numbers of users, at the  
12    risk of putting my colleagues here in hot water with  
13    the Dean. The lowest users were in the Natural  
14    Sciences, Engineering and the Nursing School. And  
15    the Nursing sample was, again, very small.

16                   Parents occupation -- there was no  
17    significant relationship between parents' occupation  
18    and whether or not the student was a user or a non  
19    user. In fact, they seemed to be fairly evenly  
20    distributed across the social spectrum, as defined  
21    by "Parents regarding occupation".

22                   Income of parents was not a signi-  
23    ficant factor in use or non use of drugs. However,  
24    and, again, this is a reversal of historical evidence  
25    related to the use of drugs -- we found a trend in  
26    the direction that the higher the parental income,  
27    the more middle class, if you will, if we can use  
28    that indicator of the social classes -- the more  
29    middle class, the more likely the student was to use  
30



1 drugs. For example, those students whose parents  
2 made over \$20,000 -- they were 20% of our sample,  
3 the total student sample. Of the using sample, this  
4 made up 23%, so they were slightly more likely to  
5 use drugs, and this again, is not a significant  
6 result.

7 In terms of mothers' and fathers'  
8 academic education, there was no relationship between  
9 whether the parents went to grade school or whether  
10 the parents went to university. There was not a  
11 significant relationship there. The community size  
12 was not significant in relating -- students coming  
13 from, roughly, rural backgrounds, urban backgrounds,  
14 large urban, small urban; proportionately used drugs  
15 in roughly the same percentages. This held true  
16 whether or not this was during the student's university  
17 years or high school years.

18 Relationship between the number of  
19 houses lived in, in use and non use, was not significant.  
20 Mobility patterns did not seem to make any difference.

21 Place of residence during university  
22 was significant between usage and residence in your  
23 own apartment, home or boarding house, which, I guess  
24 makes some sense, as students "on their own" perhaps  
25 were more likely to use drugs. We found a significant  
26 relationship there.

27 We found no relationship between  
28 whether or not parents were divorced or separated,  
29 in the use of drugs. There was no relationship  
30 between whether or not parents were working full time





1 or part time, while they were in high school.

2 We found no relationship between  
3 the number of children in the family, in drug use  
4 or not.

5 We did find a relationship between  
6 use and non use to parental dominance. The more  
7 likely the parents were to be dominant, either mother  
8 or father, the more likely the student was to use  
9 drugs. We didn't try to analyze that finding. There  
10 may be a number of psychological and sociological  
11 reasons involved, or, perhaps, that could be something  
12 we could talk about here; it would, perhaps, be  
13 easier to talk over here rather than trying to  
14 formulate something on our own. But, there was a  
15 relationship between a mother or father dominance  
16 and use of drugs.

17 There was no relationship between  
18 parents as regarding church attendance, and the  
19 students' use of drugs, regardless of whether the  
20 parents were attending church once a week, three  
21 times a day, once a year, or never. We didn't seem  
22 to find any significant, statistically, relationship.  
23 However, there was a relationship between the  
24 subject's church attendance and his use of drugs.  
25 There was a definite inverse relationship that the  
26 drug use was higher as church attendance was lower.  
27 I could give you this in percentages here. Users  
28 attending church once a week, 20%. Twenty percent  
29 of all the users attended church once a week. Thirty  
30 percent never attended church. On the other hand,



1 for non users, these respective figures were thirty-  
2 five and eighteen. So, significantly, students  
3 who used drugs were not church goers, whatever that  
4 means.

5 Formal warnings in high school -- we  
6 asked that question, and this, I think, is a very  
7 relevant finding that we got. Relationship between  
8 formal warnings given in high school and drug use  
9 is significant in the statistical sense.

10 MR. CAMPBELL: What do you mean by  
11 formal warnings?

12 PROFESSOR GRINDSTAFF: Either teachers  
13 giving warnings, at assemblies, or police officers,  
14 club officials, family doctor. In other words,  
15 something given in a formal sense rather than just  
16 saying, "Well, you shouldn't use drugs", could be  
17 described as a formal warning.

18 We found that the warnings in high  
19 school were effective, significantly so. Warnings  
20 at university were not, which, if you want to interpret  
21 that in some way -- in another study by a man named  
22 Rand, done a few years ago in the United States,  
23 also indicated this, that it underscored the value  
24 of a study of an educational program -- if you wanted  
25 to prevent the use of drugs a little bit earlier in  
26 the student's educational life.

27 PROFESSOR BERTRAND: Would you kindly  
28 refer me to the exact question ---

29 PROFESSOR GRINDSTAFF: It's at page 68,  
30 Table 24.



1 PROFESSOR BERTRAND: I have page 68.

2 I wanted the question by which you measured that  
3 warning.

4 PROFESSOR GRINDSTAFF: To sum up,  
5 just briefly, the significant areas that we found  
6 in terms of background characteristics, were primarily  
7 in terms of sex, field of study at the university,  
8 parental dominance, church attendance and formal  
9 warnings in high school. Those were the areas where  
10 it seemed to make some difference between users and  
11 non users.

12 Those areas that didn't seem to  
13 matter were age, earned income, income from other  
14 sources, years in university, parents occupation,  
15 parents' education, parents' income, residential  
16 locale, mobility and family stability. In other  
17 words, what we are saying is that the idea of a  
18 subculture in drugs, which has been a very prevalent  
19 idea throughout sociological literature particularly,  
20 that, perhaps, at least in the drugs that we looked  
21 at, the idea of a subculture is an anachronism.  
22 It is prevalent enough among all kinds of students,  
23 at university at least, that our study can be  
24 generalized to some extent across many universities.  
25 But the importance of it is now totally throughout  
26 the society, it's not just for a subculture; it's  
27 not just a few people getting together under candle-  
28 light, and so on, but it is something that is very  
29 prevalent throughout the university community. And,  
30 therefore, it is, perhaps, even more necessary to





1 have a very close look at the reasons behind it,  
2 and what is the degree of the problem, which is, I  
3 understand, the purpose of this Commission.

4 I'm sorry if I've taken a bit longer  
5 here than I should have. Let me turn it over to  
6 John and Dan, and they are going to go through some  
7 of the Attitudes and Use and Non Use.

8 THE CHAIRMAN: Thank you.

9 MR. ROSS: First of all, we will take  
10 a quick look at Use and Non Use; the exact figures  
11 we obtained from the university sample, who were  
12 using, who were not, what they used and what they  
13 did not use. I will refer you to page 32 -- we start  
14 that at page 29, first table, and this is broken down  
15 in the same categories that the drugs are broken down:  
16 stimulants, sedatives, tranquillizers, hallucinogens,  
17 marijuana and glue. The figure on the left shows  
18 only 4.1% had used drugs, a very low percentage -- it  
19 should be "stimulants", I'm sorry; and the ages are  
20 shown there. I don't think I will bother going  
21 through them right now.

22 With sedatives, a similarly, very low  
23 figure, 3.5% of the sample. With tranquillizers, 3.5%;  
24 with hallucinogens, the percentage increased to 13.1%  
25 of the sample tested, that had used hallucinogens  
26 at some time or another. I think it is important  
27 to add here that, although we did not put it on the  
28 questionnaire, many students were doing hashish  
29 besides hallucinogens, and suggested that the heavier  
30 proportion of students used hashish rather than the



hallucinogens such as LSD.

The main finding, as far as use was concerned, was use of marijuana, which we found to be 23.2% of the university sample tested. Glue, again, was very low, at 2%.

Our overall usage was approximately 29%, of any of the drugs used in this study, at the university level.

The basic reason for non-medical use, which we found to be very interesting, was not escapism, or anything like that. It was just pure curiosity, which tends to indicate that possibly university age students had more stable backgrounds; they were more or less experimenting with the use of drugs. Other relative percentages are given on page 36. The lowest, to defy parents, and to defy authority.

The frequency distribution of warnings regarding the dangers of the non-medical use of drugs, as Carl mentioned, we found it was important at the high school level, and the warnings received in high school --207 of 487 students tested had received the warnings; and in university it was 115 of the total sample. In clubs, and youth groups, etc., it was only 84 students of the total sample.

A significant writing in this area, which should be mentioned, is that several students wrote "former users" as a source from which effective warnings should come, and, we had, I think it was, about a 14% writing, and of this percentage most students felt that they should be the primary source



1 of warnings concerning drugs. That table, by the way,  
2 is Table 9, which gives the Warnings-- Public officials,  
3 School Officials, Clubs and Doctors. The family doctor  
4 was a source, which the students thought of as being  
5 important in terms of warnings.

6 Students' attitudes of the effective-  
7 ness of formal warnings -- the majority felt that they  
8 were of no good use, or of no use, and only 5.3 found  
9 they were very highly effective to discourage use.  
10 Again, this tends to confirm our university sample,  
11 and that warnings tend to be more effective when the  
12 student is in his younger years. Table 11 also shows  
13 the "former user" writing, which I have mentioned.

14 In summary, nearly 30% of our sample had  
15 broken the law, through the non-medical use of drugs,  
16 mainly marijuana. In addition, over 50% of the  
17 students who had tried marijuana used it on other than  
18 an experimental basis. This is the only drug where  
19 use was significantly more than on an experimental  
20 basis. Thirty-eight percent smoked marijuana for an  
21 extended period. Most of the student sample who had  
22 received formal warnings saw little or no effectiveness  
23 in these warnings. Clearly, there is a legal and social  
24 problem of some magnitude at this university and most  
25 likely at many others. The remaining section of this  
26 report examine characteristics and attitudes of users  
27 and non users in a comparative manner. We found it  
28 important to examine these attitudes, simply because  
29 we did find a significant amount of usage at the uni-  
30 versity level, especially with marijuana, and, because





1 our focus was on marijuana, much of our attitudinal  
2 focus was on marijuana also.

3 I will leave that brief with you there,  
4 and ask Mr. Brady to give you significant results  
5 as concerns attitudes.

6 THE CHAIRMAN: Thank you.

7 Before you pass on to the next section,  
8 as I understand it, you did not isolate the use  
9 of LSD.

10 MR. ROSS: We found this to be a  
11 significant drawback. I might mention that LSD was  
12 written in far less often than hashish. Basically,  
13 we followed the opening remarks of the Commission.

14 THE CHAIRMAN: You don't have a hunch as  
15 to what proportion of that 13% would be likely to  
16 be LSD users? You have no basis?

17 MR. ROSS: I have a hunch, definitely,  
18 at the university level. My opinion is that, at  
19 the university level, the drug use is much more  
20 sophisticated than at the high school level, and I  
21 feel the stimulants, likely the highest proportion  
22 would be LSD in comparison to amphetamines.

23 THE CHAIRMAN: But, I mean of the  
24 hallucinogens.

25 MR. ROSS: Well, hashish would be, by  
26 far.

27 THE CHAIRMAN: And what do you think  
28 would be the percentage, roughly?

29 MR. ROSS: At least 10%.

30 THE CHAIRMAN: Of LSD?



1 MR. ROSS: No, hash.

2 MR. BRADY: We could have, in a sense,  
3 computed the actual writings, but it would have been  
4 misleading, because all of the people involved did  
5 not select one or the other. We included both of  
6 them as examples, and some of the students selected  
7 hashish, some selected acid, but all of them did not  
8 select one or the other, so statistically we would  
9 be misleading you, we felt.

10 DR. LEHMANN: You have no narcotics  
11 category?

12 MR. BRADY: No.

13 DR. LEHMANN: So if anyone had used heroin  
14 you had no way of making that known.

15 MR. BRADY: No. But, granted  
16 (portion unintelligible) We thought  
17 it very worthwhile to examine university students'  
18 attitudes in respect of not only availability of drugs  
19 but also the effectiveness of criminal penalties.  
20 They are going to make up a significant proportion  
21 of future leaders in society. We just felt their  
22 attitudes should be taken into account. A rather  
23 surprising finding ---

24 THE CHAIRMAN: Excuse me, what page  
25 should we turn to now?

26 MR. BRADY: I'm on page 19, Table 1.  
27 A rather significant finding appears in this first  
28 table. Over 80% of the student sample, in all cases  
29 other than marijuana, thought that drugs should not  
30 be available for non-medical purposes in a manner



1 similar to alcohol. On the other hand, that 62.4  
2 is probably also very significant, for marijuana.

3 In terms of how the student sample  
4 viewed the reasons behind Parliament's present  
5 stance on the drug issue, a large proportion of the  
6 students thought that it was a thoughtful concern  
7 for the welfare of the individual and of society.  
8 However, 43 percent of the total sample ranked  
9 "marijuana leads to heroin and other narcotics", as  
10 either one or two on the scale of eight. It might  
11 also be noted that 64% of the same sample did not  
12 agree that marijuana led to heroin or other narcotics.

13 On Table 3, we have some of the attitudes  
14 of the sample with respect to the legal and moral  
15 aspects of the non-medical use of drugs.

16 THE CHAIRMAN: Excuse me. I'm sorry,  
17 you have already answered the question. You had no  
18 answer with respect to whether there should be  
19 criminal penalties to the non-medical use of the  
20 opiate narcotics. You answered it. I'm sorry.

21 MR. BRADY: Roughly 60% of the population  
22 thought that the existing criminal penalties have some  
23 effect on the non-medical use of drugs. Unlike the  
24 speakers who were here before us, the university  
25 population did not seem to find the non-medical use  
26 of drugs a moral question at all. For the most part,  
27 they considered it in the area of moral neutrality,  
28 and this is very interesting, I think. Sixty percent  
29 of the population thought that drug laws were not as  
30 fairly enforced as most other laws and roughly the





1 same proportion thought they tended to bring the  
2 whole institution of the law into serious disrepute.

3 DR. LEHMANN: Does that mean that they  
4 felt they should be more strongly enforced?

5 MR. BRADY: Well, when you make that  
6 assumption ---

7 DR. LEHMANN: Did you say that they  
8 felt the drug laws were not fairly enforced?

9 MR. BRADY: --- as fairly enforced ---

10 I don't think that is the implication  
11 of the distribution of the answer to that question.  
12 If you will note, in Table 1 on page 19, in only  
13 one instance, hallucinogens, did a majority of the  
14 population think that criminal penalties should even  
15 be imposed for the non-medical use of drugs. And,  
16 of course, I point out again that marijuana -- 72.7  
17 were of the opinion that there should be no criminal  
18 penalties for the non-medical use of marijuana.

19 THE CHAIRMAN: Well, now, under that  
20 Table 1, 52% were in favour -- the majority were in  
21 favour of criminal penalties for the non-medical use  
22 of hallucinogens, but, again, we can't -- that would  
23 include, in effect, hash and LSD.

24 MR. BRADY: We can't discriminate there.

25 THE CHAIRMAN: That's what we have to  
26 conclude, the majority should favour a criminal  
27 penalty -- prohibition against possession and use of  
28 hash.

29 MR. BRADY: On page 25, Table 4, as I  
30 pointed out previously, when I was talking about the



1 reasons behind the problems, and the present stance  
2 on the drug issue, 64% of students saw no link  
3 between marijuana and the use of heroin and other  
4 narcotics. In terms of physiological or psychological  
5 damage, only 14.2% classed heroin -- or, classed  
6 marijuana with heroin in terms of the damage it could  
7 do to the individual.

8 In all categories, except marijuana,  
9 a majority of the population thought extended use  
10 of any of the drugs would give rise to physical or  
11 mental harm to the user. We will compare these in  
12 terms of the non user and the user breakdowns later.

13 In Table 5; it is a little difficult  
14 to assess the statistical significance of Table 5,  
15 however, it does indicate that a majority of the  
16 student population, in all instances, saw no significant  
17 change resulting from the use of marijuana in our  
18 cultural -- or, in the traditional values and cultures  
19 in the society. I can go through them, but I ---

20 Now, if you will turn to page 79.

21 We compared the attitudes of users  
22 and non users in this section. Both users and non  
23 users, in most cases, felt that their parents'  
24 attitudes toward why they should not use drugs non-  
25 medically was best reflected by the statement,  
26 "Don't use them, you will harm yourself physically  
27 or mentally."

28 I should, perhaps, comment on a couple  
29 of the others, of those whose parents thought, "Do  
30 your own thing" or, "Do what you want", best



1 reflected their parents' attitudes-- a higher  
2 proportion were users.

3 Table 4 -- we asked the students to  
4 assess what they had thought the effect of non-  
5 medical use in high school had on prestige.

6 A large percentage of the sample,  
7 including users and non users, felt that it had no  
8 effect. Of those students who felt that drug use  
9 either raised or lowered prestige (9.22 and 23.48  
10 percent respectively) rated proportionately high in  
11 the former category and proportionately low in the  
12 the latter. In university, the breakdown is, roughly,  
13 the same. The majority do not feel that it had an  
14 effect.

15 In Table 6, we have a breakdown of  
16 what drugs should be made available for non-medical  
17 use in a manner similar to alcohol in terms of  
18 user and non user. Both users and non users feel  
19 that stimulants, sedatives, tranquillizers, glue  
20 and other inhalants, should not be made available  
21 to the public in a manner similar to alcohol. Mari-  
22 juana, again, is the only situation in which most  
23 of our population saw a need for a change.

24 There is a further breakdown in terms  
25 of marijuana and hallucinogens, and you may want to  
26 look at that in the next two tables. Table 7, we  
27 have a breakdown, "criminal penalties should be  
28 imposed for the non-medical use of drugs" by user  
29 and non user, and, as before, marijuana and hallu-  
30 cinogens are the only categories in which the





1 relationship is significant. Concerning stimulants,  
2 sedatives, tranquillizers and glue, there is no  
3 significant difference between users and non users.

4 Over 56 percent of the total sample  
5 felt that criminal penalties should be imposed for  
6 the non-medical use of hallucinogens, however, only  
7 41.98 percent of the users were included in this  
8 group. Now, while that's not a majority of users,  
9 that is a significant proportion of people who have  
10 used drugs, who also think there should be criminal  
11 sanctions.

12 In marijuana, however, only 6.82  
13 percent of all the users in the sample felt that  
14 criminal penalties should be imposed for its non-  
15 medical use -- 26.9 percent of non users were of  
16 this opinion. The result seems obvious; however, it  
17 may be based on a sincere belief that the act is not  
18 inherently criminal.

19 There was no significant difference,  
20 really, between what users and non users considered  
21 to be the reason behind Parliament's present position  
22 on the non medical use of drugs. Again, most con-  
23 sidered it was a "thoughtful concern for the welfare  
24 of the individual and society", and a significant  
25 proportion also rated "marijuana leads to the use of  
26 heroin and other narcotics" as a reason, indicating,  
27 perhaps, that this was the perceived basis for  
28 Parliament's concern -- a concept with which many of  
29 the subjects disagreed on.

30 Now, the breakdown on Table 9 is for



1 "attitudes in respect of the legal and moral aspects  
2 of the non-medical use of drugs." I don't know  
3 whether it is worthwhile going through these statis-  
4 tics, and if you have any questions ---

5 DR. LEHMANN: Just a methodological  
6 one. There were so many variables, I lost count,  
7 but I just jotted down here, what could be recorded  
8 as a significant finding, a composite of the adult  
9 drug user, and there were six: male, parent  
10 dominated, business student, doesn't go to church,  
11 had received no drug warnings in high school, and  
12 had drug using friends in high school. Now, these  
13 six gave significant relationships. Out of how many  
14 many was one hundred and twenty expected to give,  
15 anyway?

16 MR. BRADY: I'm sorry, Dr. Grindstaff  
17 skimmed over the chi square significance in measuring  
18 the difference. We measured at the .05 level, which  
19 means, roughly, 95% of the cases.

20 DR. LEHMANN: How many variables did  
21 you have, because these were six significant ones?

22 Out of a hundred and twenty you would  
23 expect some just by chance.

24 PROFESSOR GRINDSTAFF: We took each  
25 of them individually, and said, "All right, let's  
26 hold age constant, and look at the use and non use  
27 and see if there is any significant relationship on  
28 that variable." And then we said, "All right, we  
29 define them or we don't." And then we said, "Let's  
30 take the next variable, which is sex." We didn't hold



1 two constant at any one time.

2 DR. LEHMANN: I see.

3 PROFESSOR GRINDSTAFF: We would have  
4 a very many (inaudible) and the analysis then becomes  
5 impossible.

6 MR. BRADY: A slightly higher propor-  
7 tion of students who had used drugs were of the  
8 opinion that criminal penalties had no effect on  
9 non-medical use. Both groups, for the most part,  
10 considered drug use an area of moral neutrality, and  
11 surprisingly, seventy-two percent of users agreed  
12 that present drug laws would be radically different  
13 if our decision-makers were more a product of the  
14 times. And we asked -- this probably is -- we asked  
15 the student sample whether or not they thought the  
16 use of marijuana led to the use of heroin and other  
17 narcotics in a cause and effect relationship. Now,  
18 while the relationship here, really, is not statisti-  
19 cally significant, I think it is, for your purposes  
20 in terms of what you decide is necessary, perhaps,  
21 by way of an educational program.

22 Ninety-one percent of students who had  
23 used drugs did not believe that use of marijuana  
24 led to the use of heroin and other narcotics, as  
25 opposed to 63.51 percent of non users.

26 I think the next table is fairly clear.

27 THE CHAIRMAN: When you say 63.51% of  
28 non users showed this -- would have the same  
29 opinion.

30 MR. BRADY: That's right.





1                   In Table 12, "which of the main drugs  
2     do you think are harmful to the physical and mental  
3     well-being of a non-medical user over a long period  
4     of time?" -- I would point out in marijuana, a  
5     significant portion thought it would be harmful  
6     to both the physical and mental well-being of the  
7     user.

8                   And in terms of the attitudes in respect  
9     of some possible effects of the legalization of  
10    marijuana -- users and non users differed somewhat  
11    in their feelings on how the legalization of marijuana  
12    would affect society. However, in most cases, the  
13    responses of both groups were that legalization would  
14    not affect the traditional cultural patterns.

15                  Eighty-three percent of the users  
16    thought there would be no difference in the level of  
17    sexual promiscuity. Over 75 percent of non users  
18    agreed. Drug users were more inclined to predict  
19    a decline in the consumption of alcohol than non  
20    users. Non users were more often of the opinion  
21    that emotional problems would increase than were  
22    users.

23                  PROFESSOR BERTRAND: Coming back to  
24    Table 11, if you don't mind, on page 95, did it strike  
25    you that the percentage of users of stimulants who  
26    thought that this drug should be classed with heroin  
27    was much greater than the percentage of non users,  
28    and did you care to calculate the chi square?

29                  MR. BRADY: We may have that information  
30    if you want it, in our computer files. I can't remember



1 off hand. There were so many tables, it is almost--  
2 we can find that information for you, if you like.  
3 Would you just make a note?

4 In Appendix I, we did a brief comparison  
5 of the attitudes of law students as compared to the  
6 remainder of the student body. Because of the --  
7 it seemed appropriate to examine the attitudes of  
8 students of law, insofar as they should have an  
9 understanding of existing sanctions. There were  
10 no differences, though, between law students and  
11 the rest of the sample in their attitudes towards  
12 drugs other than hallucinogens and marijuana. The  
13 differences are set out in these two tables, very  
14 briefly, on pages 107 and 108.

15 Law students were of the opinion,  
16 however, that the drug laws were not as fairly  
17 enforced as most other laws, 60%; and that current  
18 drugs laws brought the legal institution into  
19 serious disrepute, 71%. These figures were propor-  
20 tionately high when compared with the rest of the  
21 student sample. Although most students felt that  
22 there would be few changes in other areas of society  
23 as a result of marijuana, law students were even  
24 less likely to think other societal changes would  
25 come about.

26 In summary, the law student was more  
27 liberal in his attitudes toward the use of marijuana  
28 and its consequences. In terms of other drugs, law  
29 students' attitudes were much the same as the rest  
30 of the sample.



1 MR. ROSS: Just by way of a very  
2 quick conclusion; this is about the only time in our  
3 study that we allowed ourselves to express a little  
4 bit of opinion that we couldn't refrain from, on one  
5 page:

6 In conclusion, almost 30 percent of  
7 the sample surveyed, had at some time broken the  
8 existing laws prohibiting the non-medical use of  
9 drugs. A larger proportion disagreed fundamentally  
10 with what they believed to be the reasons underlying  
11 the present legislative stance. Over 70 percent  
12 of the students surveyed did not feel that criminal  
13 penalties should be imposed for the use of marijuana.  
14 Since our purpose in presenting this report is des-  
15 criptive, we do not propose any specific reforms.  
16 However, considering the fact that the university  
17 population will undoubtedly produce many of our  
18 future business and political leaders, we feel these  
19 results should be examined with great care. Such  
20 widespread dissatisfaction with the present position,  
21 and the seemingly minimal deterrent effect of existing  
22 laws, underscore the need for some change.

23 In addition, because of recent publicity  
24 concerning marijuana and drug use generally, the law,  
25 the legal institutions, and the law-makers have  
26 come under close scrutiny. At a time when there is  
27 a growing credibility gap between our decision making  
28 bodies and the young people in our society, the need  
29 for responsible law-making is imperative. We must  
30 not allow political expediency to interfere with a





1 rational approach to such a controversial issue.  
2 With this in mind, we have presented this data,  
3 as objectively as possible with the sincere hope  
4 that it will be of assistance to the Commission,  
5 insofar as it represents the attitudes and behaviour  
6 of an important section of Canadian society.

7 THE CHAIRMAN: Thank you very much.

8 DR. LEHMANN: You stated at the  
9 beginning of that conclusion, almost 30% of the  
10 sample surveyed had at some time broken the existing  
11 laws prohibiting the non-medical use of drugs. And  
12 in the footnote, somewhere, I saw you state that  
13 out of 123 who used drug illegally, only one had  
14 been arrested, so that would mean less than 1%  
15 actually were caught by the law. Thirty percent  
16 break the law and less than 1% have been arrested.

17 MR. BRADY: That is what happened  
18 to that whole section of our survey relating to  
19 effects/<sup>of</sup>prohibitions, the view society has, etc.,  
20 that no one was caught.

21 MR. ROSS: I might add that a couple  
22 of people did mention school officials, like guidance  
23 teachers, knew they were using drugs, and spoke to  
24 them, but there was no punishment inflicted.

25 THE PUBLIC: How did you define drug  
26 use?

27 MR. ROSS: I would like to just explain  
28 it very quickly. We broke down drug use into four  
29 categories: experimental, short term usage, long  
30 term use and medium usage.



1 PROFESSOR GRINDSTAFF: Experimental  
2 was once or twice, medium usage was for a couple  
3 of weeks, and extended usage was over six months,  
4 of which, I might add, 38% of those people who were  
5 using marijuana, were using it extensively.

6 I'm not sure if it is a good report  
7 or a bad one.

8 THE CHAIRMAN: No, I think there is  
9 so much in it that we will just pause and take it  
10 in. It reflects a tremendous amount of work for  
11 which we are very grateful, and I think we would want  
12 to think about it and study it and try to digest it.

13 MR. ROSS: We are sorry we could not  
14 get it to you before, but we thought we'd read here  
15 what we felt was significant, and what would be of  
16 interest to you.

17 THE CHAIRMAN: Professor Bertrand?

18 PROFESSOR BERTRAND: As a conclusion  
19 I guess about the only one that you let yourself  
20 give, is the one about the absence of a subculture,  
21 at least at the university level, among drug users,  
22 which, it would be, perhaps, better in saying that  
23 the drug users among the students do not constitute  
24 or do not have such characteristics as being so  
25 different from the rest of the population; that they  
26 do not constitute a subculture. But, besides that,  
27 did you find this model of inquiry, which has been  
28 criticized in some media, as too functional, perhaps?  
29 Would you find that this model of inquiry has given  
30 you some other insights into the more traditional



1 aspect of drug users? What other conclusions could  
2 you try to draw, if any?

3 MR. ROSS: I don't think we can be  
4 safe in making any other conclusions. I could give  
5 you my personal opinions, perhaps, having administered  
6 the survey; to that extent, and that being -- it  
7 would be that drug usage is fairly widespread among  
8 university populations. They are very liberal in  
9 their attitudes towards drug usage. There doesn't  
10 seem to be a traditional drug user, like, for instance,  
11 to use a cliché, with "long hair", and it doesn't  
12 seem to define itself within any class, such as  
13 lawyers or -- who are apt to be drug users, and it  
14 is very difficult. I might add that when we ad-  
15 ministered the survey, the reaction from the students  
16 in most cases was very sincere. They seemed to be  
17 very positive in their reaction to such a thing as  
18 a drug survey, and many people stayed after class  
19 to question us, and possibly to give us their opinion.  
20 And I think it is a very significant result in terms  
21 of honesty.

22 MR. BRADY: I might add that we informed  
23 them that the purpose of the survey was for this  
24 Commission, and we particularly were interested in  
25 their honest attitudes, otherwise there would be no  
26 point in doing this survey.

27 PROFESSOR GRINDSTAFF: If I might --  
28 just from a sociological aspect, if you ask yourself:  
29 "What is the purpose of a law in a legal structure?  
30 Is it simply to force existing patterns of behaviour





1 which would be codified to some more, or is it also  
2 to be responsive to the people in the society?"  
3 Now, if you look at the data here, and I think it  
4 is typical university student opinions and ideas;  
5 they think the law is wrong. They think the law is  
6 making a mistake in the way in which they approach  
7 the use of certain kinds of drugs. And I think they  
8 are saying, "Respond to us, give us some avenue  
9 of change. If you don't give us that avenue ...",  
10 well, then I think you can see, possibly other kinds  
11 of repercussions coming, because this is only one  
12 area. But, I think it is important, not only that  
13 we listen, because I know some other people who are  
14 in positions of authority who will listen.

15 And, I'm not sure whether they have any  
16 of these opinions (inaudible) into them.

17 I think it is important for the law to  
18 recognize that there are many, many people who think  
19 that the law is absolutely mistaken in relationship  
20 to the Criminal Code towards drugs.

21 MR. STEIN: Just to pursue that for  
22 a minute, I get the distinct impression from this  
23 report that your concern of the students in this  
24 survey is not with the law as it pertains to drug use  
25 but the law as it pertains to the drug they use, in  
26 the preponderant majority. You made the point all  
27 the way through that there is concern for the use of  
28 hallucinogens but there is not really -- correct me  
29 if I am wrong -- there is not really a profound  
30 distate for the use of law in relation to other



1 drugs that are used.

2 MR. BRADY: I think, if you will  
3 remember, that there was only one category in  
4 which the majority of the students favoured the  
5 imposition of criminal penalties as a method of  
6 dealing with that drug -- I can't remember -- I think  
7 it was hallucinogens -- acid. I realize what you  
8 are getting at, but I wonder if, possibly ---

9 MR. STEIN: Well, I'm trying to determine  
10 whether there is a concern on the part of the student  
11 sample for the business that you were raising, which  
12 is the appropriate role of law as it relates to the  
13 question of non-medical drug use, or is it a concern  
14 on the part of the sample for their own particular  
15 self-interest, which, at the moment, has to do with  
16 hallucinogenic drugs. I think there is a real  
17 important distinction here to be drawn.

18 MR. BRADY: We can't deny that.

19 MR. ROSS: It's a social problem.

20 PROFESSOR GRINDSTAFF: Also, we had  
21 people who don't use drugs, giving their opinions.

22 MR. STEIN: About the drugs used by  
23 college students.

24 PROFESSOR GRINDSTAFF: But they were  
25 not using them.

26 MR. STEIN: So, in other words, you are  
27 agreeing that the concern only extends to the hallu-  
28 cinogenic drugs?

29 PROFESSOR GRINDSTAFF: That's right.  
30 I think that, most of the other drugs, they feel, are



1 dangerous, and think they should be under some kind  
2 of control, not criminal control -- even the majority  
3 of those people who are not using any kindsof drugs,  
4 the majority of them feel there should not be criminal  
5 penalties.

6 THE CHAIRMAN: On page 87, Table 7:  
7 "Criminal penalties should be imposed for the non-  
8 medical use of:" To hallucinogens, 56%, glue and  
9 solvents, 50%.

10 PROFESSOR GRINDSTAFF: Page 19, Table 1,  
11 is the table that I am looking at here. "Criminal  
12 penalties should be imposed for the non-medical use  
13 of:" -- only hallucinogens has a majority, which is  
14 52%. Now, there are some in the "No Response"  
15 category there. But, by and large, in terms of  
16 stimulants, sedatives, tranquillizers, and marijuana,  
17 the majority of students, whether use or non use,  
18 opposed that.

19 THE CHAIRMAN: What is the relationship  
20 between Table 1(b) and Table 7?

21 PROFESSOR GRINDSTAFF: I think it is  
22 the difference between use and non use.

23 THE CHAIRMAN: This was bothering me  
24 earlier, but I could not find the table on page 19.  
25 I had a recollection that we had two tables. Table 1(b)  
26 on page 19 is headed up, "Criminal penalties should  
27 be imposed for non-medical use of:" and lists them,  
28 including hallucinogens, 52% in favour of criminal  
29 penalties. Table 7, on page 87, is headed up,  
30 "Criminal penalties should be imposed for non-medical





1 use of: ---

2 MR. BRADY: The "No Response" category  
3 is the difference.

4 PROFESSOR GRINDSTAFF: There's a  
5 "No Response" category in Table 1. This Table 7  
6 on page 87 ---

7 THE CHAIRMAN: Oh, yes.

8 PROFESSOR GRINDSTAFF: And it is also  
9 broken down in terms of percentages of users and  
10 non users.

11 THE CHAIRMAN: Right.

12 MR. ROSS: So, in that one, you would  
13 assume if the person did not respond, he felt  
14 negatively about the question.

15 THE CHAIRMAN: I see.

16 That is the basis for your statement,  
17 the statement that one might conclude, there was not  
18 a majority in favour of criminal penalties for use  
19 of any drugs.

20 PROFESSOR GRINDSTAFF: And, in addition,  
21 I think there was a general question over all, "Does  
22 the stance against drugs by the law, bring the law  
23 into serious disrepute?" I think some 70% of our  
24 sample, even more of the law students, indicated that,  
25 "Yes, that that is the case, that drug laws bring  
26 the law as an institution, into serious disrepute."

27 PROFESSOR BERTRAND: In your sociological  
28 reflection on the usage of the law and its efficiency  
29 in a discretionary matter, reminds me that you say, at  
30 the very beginning of your report, that university



1 populations, university students, represent 10% of  
2 that age group. Am I right? I don't know which  
3 percentage of the Canadian population; so, now, as  
4 a sociologist, how would you react to this? We  
5 certainly can't extrapolate from the university  
6 population to the Canadian population in general.

7 PROFESSOR GRINDSTAFF: That's true.  
8 That is why, I think, we try to make it extremely  
9 clear that our sample was, at worst, we felt, typical  
10 of Western; at best, typical of university students.  
11 We admit, we can't generalize the population, But,  
12 who are these people, who are these university  
13 students? I think in terms of influence -- if we  
14 are objective about it -- in terms of influence, in  
15 terms of possible future power in the society in  
16 which they live, they are more influential than any  
17 other age group. So that their attitudes and their  
18 ideas are very worthwhile to examine, I think.

19 THE CHAIRMAN: You don't go very deeply  
20 into motivation, do you? You come up with five or  
21 six correlations there, but you don't probe very  
22 deeply into cause. You didn't set out to look for  
23 cause? It is mainly attitudes, I take it, and  
24 extended use.

25 MR. ROSS: We did ask them why they  
26 did use drugs, and by far the reply was curiosity.

27 THE CHAIRMAN: Where is that referred to?

28 MR. ROSS: That was concerning initia-  
29 tives. It will be under Section 3, I believe, in  
30 the use and non use, approximately Table 4.



1 THE CHAIRMAN: That is about page 30.

2 PROFESSOR BERTRAND: Page 36.

3 MR. ROSS: Thirty-six?

4 THE CHAIRMAN: Oh, yes. There are the  
5 reasons, excuse me.

6 MR. ROSS: What you might note here,  
7 just relative to what the earlier speaker said, is  
8 that we don't seem to find the escapism element  
9 existing at the university level as it does in high  
10 school. Of course, we didn't ask for it, either,  
11 which may be significant.

12 THE CHAIRMAN: Yes.

13 PROFESSOR BERTRAND: How is it you  
14 only have 143 respondents on that question?

15 PROFESSOR GRINDSTAFF: Those were the  
16 drug users.

17 I suspect that many of us, after this  
18 is over, will go home and have a bottle of beer,  
19 or a drink, or something; and for what reason? That  
20 is, kind of, the question. In some ways it is the  
21 situation in which you find yourself. Are you getting  
22 any relaxation; the tension element; there are lots  
23 of reasons, and if it is not -- if it can be shown  
24 that it does provide some kind of a release that is  
25 not particularly serious, you know, what do you say  
26 to them in return -- as I go home and drink?

27 THE CHAIRMAN: It doesn't speak here  
28 of release, though.

29 PROFESSOR GRINDSTAFF: No, it doesn't  
30 here. She was just asking me -- you were saying





1 "motives". The young people who spoke before,  
2 I thought made some interesting points. There may  
3 be a difference between their ideas -- I don't  
4 know how old they were, and the ideas of some of these  
5 university people, and the influence.

6 THE CHAIRMAN: Well, we could obviously  
7 stay here for some considerable length of time  
8 digesting this very impressive piece of work, but  
9 we have several scheduled submissions to hear from.  
10 The afternoon is getting on so I think I will have  
11 to release you, but I am sure that we can make  
12 further contact with you if we have questions.  
13 And, thank you again, very, very much for all of the  
14 work that has gone into this, and for your assistance  
15 this afternoon.

16 MR. BRADY: One thing you may want  
17 to note; there is one page out of order. Page 20  
18 should follow page 25.

19 THE CHAIRMAN: We are familiar with  
20 that problem. Thank you very much.

21 I call now on Mr. Ernest McTavish  
22 and Dr. R. G. Stennett, London Board of Education,  
23 Research Division.

24 Mr. McTavish?

25 MR. MCTAVISH: Yes, I am Mr. McTavish.  
26 May I first of all introduce my friends here.  
27 Dr. Stennett, from the Research Department of the  
28 Psychological Services Division of the Board;  
29 Dr. Faveri, who is a psychologist in the Guidance Division  
30 of the school system. I am with the Curriculum



1 Branch of the Board of Education.

2 I realize you are running behind time  
3 and we will try to make our brief as brief as possible.  
4 First of all, may I ask Dr. Stennett to comment on  
5 the report, or the statistical survey, that was made  
6 in May of 1968.

7 DR. STENNETT: I don't intend to review  
8 the paper that you were given. I had a telephone  
9 call from Mr. Moore which requested copies of the  
10 questionnaire, and the original study, which you  
11 have already received copies of, some time ago. The  
12 second paper, of which you received copies now, is  
13 simply a different kind of analysis of the same  
14 information that was reported previously, and it  
15 extends and enriches our understanding of that  
16 particular data. There are some other analyses which  
17 have been completed and have not yet been written up,  
18 and this is being done, I believe, by the local A.R.F.  
19 I had not intended to go through that paper, but I  
20 will be happy to respond or give you an hour at some  
21 later time, to answer any questions you may have about  
22 it.

23 MR. MCTAVISH: Do you wish us to proceed?

24 THE CHAIRMAN: I think you had better  
25 proceed.

26  
27  
28 MR. MCTAVISH: The survey was made,  
29 and the Board became alarmed about the situation  
30 in London and so, in January of this year, I was



1 asked to develop a Task Force to look into the  
2 problem and try to come up with some type of solution  
3 as far as secondary school students were concerned,  
4 in the city. The initial reaction is to have  
5 another survey to see what the problem was at this  
6 time. But, after consulting with people who were  
7 on the firing line, we decided that this would be a  
8 waste of time and money and we had better get on with  
9 the job. We haven't given up the idea of additional  
10 surveys later on, and in fact, it is coming up for  
11 discussion next fall. But at this particular time  
12 we rejected this idea.

13 On March 17 we presented an interim  
14 report to the Board, that is, our Task Force, and  
15 you have a copy of this report.

16 We feel, after considerable discussion  
17 and argument, that our job is a preventative one,  
18 and so we first take a look at curriculum. We feel  
19 the curriculum hasn't been too relevant in this  
20 particular area. Our teachers have not been knowl-  
21 edgeable in the area. We feel that we have got to  
22 do something about this, and we are proceeding in  
23 this area at the present time. We feel that the  
24 curriculum has to be moved down to a lower level  
25 because it is the feeling of the people who are on  
26 the firing line and are close to the students in the  
27 secondary school that the situation has moved to  
28 a much lower level. And, in fact, in some cases,  
29 into the elementary school system.

30 Now, this is all hypothetical, but -- and





1 we haven't any statistics to prove it, but we do  
2 know that these people have been close to the students  
3 who, I think, are close to the situation.

4 In addition to the problem of curri-  
5 culum, we have the problem of training staff, and  
6 this, I might say, is a major problem. We are not  
7 only talking about people who become more knowledgeable  
8 in the area, and who are able to give, let's say,  
9 the facts as they appear, to the students, the accurate  
10 facts as they appear at the particular time, to  
11 students, but also people who have an understanding,  
12 have a feeling for students. I think this is rather  
13 crucial in this whole situation.

14 We also feel that there is an area  
15 of concern for the student who has had this problem,  
16 who wants to go back into the school system, wants  
17 rather desperately, in some cases, to go back, attempts  
18 to come back and find that it is just more than he  
19 can cope with, emotionally, at that particular point  
20 in time. And so, we have suggested to our Board, in  
21 this brief, that there is a need for a half-way  
22 school. By half-way school we mean the type of school  
23 where we could have a small number of students who  
24 are not emotionally ready to face a classroom situation.  
25 These may be students who have a drug problem and they  
26 may be students who have other emotional problems.

27 We wouldn't care to label the school  
28 for just youngsters who are having drug problems,  
29 but rather a school for youngsters who are having  
30 emotional problems. But, maybe after a month, two



1 months, three months, when at the particular time  
2 the teachers, and the student and the psychologist  
3 who is giving the back up service in this area,  
4 decided that the student is ready to make a transfer  
5 across into the regular school system, then that  
6 transfer could be made with some reasonable assurance  
7 of the success of the students, because we know now  
8 many young people are coming back into the school  
9 system, who have problems, and missed four or five  
10 weeks of school, and find themselves in a situation  
11 that they just can't cope with, and say they are out  
12 of the picture, discouraged, upset, disgusted in many  
13 cases, and back into another problem, in some cases.

14 We also feel that we have a responsibility  
15 to work in the community, through the community, and  
16 I am not sure whether anyone from the Mayor's  
17 Committee on Drug Dependency for the City of London  
18 has presented a brief today or not, but we have one  
19 person on that committee working with it; through it.  
20 And since that committee has been formed I think more  
21 has been done at the community level in the city to  
22 get the show on the road, so to speak, and probably  
23 in the last five or six weeks, than had been done in  
24 the past two or three years.

25 We do feel there is a problem in  
26 secondary schools. We are trying to work toward that  
27 problem. We don't say that we have the solutions  
28 because we don't, and I'm not sure that anyone really  
29 does, but we are prepared to answer any questions  
30 that you may have.



But, I think at the given point and time





1 when you are dealing with young people, you must  
2 simply be as honest as you can about the situation  
3 at that particular time.

4 One thing that we rejected was the  
5 crash program type of idea. I think this was  
6 mentioned earlier, although we were having trouble  
7 hearing at the back; the idea of taking a day to  
8 discuss drugs. We don't feel, our committee doesn't  
9 feel that this is the way the approach should be  
10 made. We have investigated this a little bit. In  
11 the Victoria school system, the Victoria Board did  
12 this. I read the evaluation sheets, which vary a  
13 great deal, but when you read the evaluation sheets  
14 of the young people and many of the teachers, the  
15 overall success of the program was pretty limited.  
16 I discussed it with Dr. Lewis, a sociology professor  
17 at Harvard University, who had been involved in  
18 this business, who had interviewed young people  
19 after a day's program in one of the American schools;  
20 these two young people suggested to him, that if  
21 it was worth taking a day off school, it was certainly  
22 worth trying. So, we have rejected this type of  
23 approach.

24 DR. FAVERI: Could I make a comment with  
25 regard to your question? I think we all agree that  
26 research is necessary, certainly research in a  
27 subjective association with respect to the various  
28 compounds that are being used. As research programs  
29 develop in Canada, the United States and elsewhere,  
30 efforts are being made to evaluate such effects, such



1 as LSD affecting intelligence, expanding consciousness,  
2 and so on, and I think we should be prepared to  
3 discuss these research programs factually and  
4 honestly.

5 MR. CAMPBELL: What role do you see  
6 being played, say, at the high school level, in drug  
7 education, by the high school student who, perhaps,  
8 has a good deal of drug experience himself, or by  
9 other young people who have had a drug experience  
10 themselves?

11 DR. FAVERI: I find that difficult to  
12 answer. Speaking in terms of preventative measures,  
13 we are exploring or presently establishing programs  
14 which start early in the student's academic career. In  
15 terms of <sup>what to do</sup> /in the present situation, it is extremely  
16 difficult. I think what we have to do is explore  
17 approaches. No one has the answer. I believe that  
18 we should tell it as it is, as best we can. I believe  
19 that we should try to discuss both aspects of drug  
20 usage. I believe we should talk about why people  
21 take drugs and why also it includes the drug effect,  
22 the subjective experience, what experiences some  
23 people have where they find pleasure.

24 I think we should talk in terms of  
25 risks in taking them. There are obviously risks  
26 in connection with taking drugs. I think we should  
27 emphasize the risk taking associations.

28 MR. STEIN: This morning we had a  
29 presentation from two pharmacists, who stressed their  
30 philosophical orientation as being one in which they



1 would like to see something that they called  
2 responsible use of drugs. Using that as a kick-off,  
3 the question is, do you, in your theoretical framework  
4 of a drug program, have a philosophical stance to  
5 the question of non-medical drug use? In other words,  
6 putting it very simply, would you go along with the  
7 idea that the major role of education is to provide  
8 people with educational tools or material information  
9 to make wise, reasoned choices, or is the role of  
10 education to enable people to come to a decision  
11 not to use certain drugs, or is it something else  
12 entirely.

13 MR. McTAVISH: I think it is our  
14 responsibility to present the facts as they stand.

15 THE CHAIRMAN: Without any point of view,  
16 or without any conscious objective?

17 MR. McTAVISH: Unless asked by a parti-  
18 cular student. Do you mean, should we try to  
19 influence youngsters in the classroom in a particular  
20 direction one way or the other?

21 MR. STEIN: I am asking you if this is  
22 a part of the -- what is, in effect, the objective  
23 of the education? Is it to provide information, or  
24 is there a position that you take that you feel  
25 is important, for students ---

26 THE CHAIRMAN: In other words, what is  
27 to be educational policy, so to speak? Are you to  
28 be more or less neutral or indifferent to the result  
29 in terms of drug use, so long as you contribute  
30 information, with the objective of permitting a wise





1 and informed choice?

2 MR. McTAVISH: I think Dr. Faveri  
3 mentioned the risk-taking bit, and I think we have  
4 an obligation to point these things out.

5 THE CHAIRMAN: That is part of the  
6 information?

7 MR. McTAVISH: Right.

8 DR. FAVERI: If I may just comment on  
9 that. I think in some sense it is an academic question,  
10 because it makes it sound as if the teacher somehow  
11 is able to communicate facts without communicating things,  
12 and I don't think, certainly as a parent and as a  
13 teacher that -- you don't talk to students very long  
14 and they soon discover where you stand, and you  
15 don't necessarily have to say it in so many words,  
16 either. I think it is absolutely impossible to  
17 deal with any issue without your own position showing,  
18 whether you talk about religion, sex, drugs, or  
19 anything else. Stands are going to be taken in  
20 the educational system in terms of the value or of  
21 the teacher.

22 MR. STEIN: The reason I asked is, that  
23 one of the statements we have heard made over and  
24 over again is, that if information is presented with  
25 a hidden bias, then they immediately reject it, even  
26 if it is valid information, and too often the programs  
27 have had a hidden bias that maybe would have been  
28 better being stated bold facedly -- you know, this  
29 is a bias, and the bias is, non-medical use is bad, for  
30 example, and this education is to help you come to



1 that decision. Maybe stated bluntly, some students  
2 have said to me, they would, perhaps, not be in  
3 favour of it, but they would listen. But when the  
4 bias that you are referring to is existing and is  
5 not stated bluntly, and there is a pretense of  
6 objectivity, if that is what it is, then the whole  
7 material just never gets engaged. It is rejected  
8 off hand as being suspect.

9 DR. STENNETT: I think the point that  
10 Dr. Faveri has made is that you've got to tell it the  
11 way it is as honestly as you can, otherwise if the  
12 students see that you're phony, that there's some  
13 discrepancy ---

14 MR. STEIN: So that part of telling  
15 this information accurately is also to reveal openly  
16 your own perception of what this information means,  
17 as a teacher?

18 MR. McTAVISH: I think it is inevitable  
19 that it is going to come out. I think what young  
20 people are looking for, in you, is sincerity in your  
21 feelings. They don't necessarily have to agree with  
22 those feelings, but they are looking for that  
23 sincerity.

24 DR. STENNETT: I'm not so sure, also,  
25 that the real teacher, in terms of attitude change  
26 and decision making, happens to be the adult in the  
27 situation. Certainly at the high school level  
28 the children are going to influence one another, in  
29 views, a lot more substantially than the adult is,  
30 so it is a participant discussion process, I think,



1 which enables youngsters to come to a reasoned  
2 view," in amongst themselves. It is not a matter of  
3 someone telling them what they should or should not  
4 believe, but if a decent discussion is provoked  
5 the students presumably will come to a wise decision.  
6 I think one has to trust that they will.

7 DR. LEHMANN: I understand the point  
8 Mr. Stein is trying to stress, or the question he  
9 is asking, whether a teacher, giving information  
10 will, first of all, make a statement, an articulate,  
11 implicit statement as to where he stands, and then  
12 proceed to give as objective information as possible, or  
13 whether that is left to the students who, kind of,  
14 find out -- as you said, it does not take very long.  
15 But, I think that is what you asked, Mr. Stein, is  
16 it not?

17 MR. STEIN: That's stated much more  
18 succinctly and clearly than I did, but that was the  
19 question, thanks.

20 MR. CAMPBELL: What is the attitude of  
21 the high school to the student who is known to use  
22 drugs or who is known to use drugs at school?

23 MR. McTAVISH: Are you asking what the  
24 policy is within the school?

25 This will vary from school to school,  
26 but I think, in general, the feeling is that we have  
27 a responsibility to help young people, regardless  
28 of what the problem is, whether it is drugs, whether  
29 it is an emotional problem of any type. We have a  
30 number of psychologists working in the schools with





1 young people. We have established a system of  
2 what we call "contact people" in the high schools.  
3 This is an individual who has had some training,  
4 who is prepared to make a contact with the Seventh  
5 Floor, Victoria Hospital, or the Addiction Centre,  
6 or Metro Crisis -- in fact, we have one of them here  
7 who has gone through this a number of times; who is  
8 prepared to help the staff member, who is thrown --  
9 and it is quite an experience for a young person or  
10 a teacher to have a youngster coming at him with a  
11 flashback, let us say, from LSD. This happened one  
12 day in our school -- a beginning teacher, just  
13 getting off the ground -- to have someone in the  
14 school, to help with the youngster. So, I think  
15 our role is basically one of helping the young people,  
16 regardless of what the problem may be.

17 MR. CAMPBELL: Would this be consistent  
18 with the policy of the school towards other students  
19 violating other aspects of criminal law?

20 MR. McTAVISH: I think so. In other  
21 words, what you are suggesting is, what about the  
22 student who is drinking under age, would this be the  
23 type of thing when we call the police in there, that  
24 sort of thing?

25 MR. CAMPBELL: Or theft.

26 MR. McTAVISH: Yes, this is consistent  
27 with the way we handle it. Quite often it is contact  
28 with the home. In the case of this particular  
29 problem we are dealing with here today, I think that  
30 a certain amount of respect has to be given to



1 youngsters' wishes as far as contact with the home,  
2 because sometimes the problem is right there.  
3 However, the eventual aim, I think, should be to try  
4 to bring the home and the youngster together. We  
5 said earlier, this is a risk taking business, and  
6 I think, to some degree, we are doing just that in  
7 secondary school.

8 MR. CAMPBELL: Are you involved to any  
9 extent with adult education, the education of parents  
10 vis a vis drugs?

11 MR. McTAVISH: This is a major area,  
12 and the few of us who have been involved in this are  
13 literally swamped with the opportunity of going out  
14 to speak to adult groups. There seems to be a bit  
15 of a panic among many adults and a great deal of our  
16 time in talking with them is not spent talking about  
17 marijuana, LSD or anything else, but rather in talking  
18 in terms of attitudes in the family, and being good  
19 listeners, and establishing relationships within the  
20 family; this type of thing. And then point out, if  
21 there is a problem within the family, where they  
22 could turn to some counsellors for help.

23 MR. CAMPBELL: Could you tell us a bit  
24 more about the attitudes of the parents and students  
25 in the London schools, to drugs? How are they  
26 reacting, what are they feeling, what do they want,  
27 what is their concern?

28 MR. McTAVISH: I think there are a variety  
29 of concerns. I think we -- and I represent one of  
30 them because I have four children between the ages



1 of thirteen and eighteen -- I think we are of a  
2 different generation, with a different series of  
3 problems. I think their reaction varies a great  
4 deal, depending upon the person; reactions of panic  
5 over situations where I don't think there is any  
6 need for panic for a person -- right down through  
7 indifference. And Dr. Faveri is on the firing line  
8 and he is dealing with parents and youngsters in  
9 this problem, and maybe he can answer this.

10 DR. FAVERI: Speaking to parent-teacher  
11 groups, some of the frequently expressed attitudes  
12 or questions, are attitudes of concern. Many parents  
13 are asking for symptoms and signs. Many parents are  
14 asking, "What do I do when I discover that my child  
15 is on drugs?" Many are interested in knowing what  
16 facilities are available within the community, what  
17 facilities are available within the school, what are  
18 we doing about the drug problem in school? Many  
19 parents are concerned as to what they can do as  
20 individuals about the drug problem, or as a community  
21 organization, "What can we do about it?"

22 MR. CAMPBELL: What is the nature of  
23 their anxiety about drugs? Why do they panic? Why  
24 do they worry? What is it they see in drugs that  
25 causes this concern?

26 DR. FAVERI: I think attitudes are  
27 involved. We have been raised to believe that drugs  
28 are used for medicinal purposes. They are a means  
29 to an end. If a person has a physical or emotional  
30 illness, a drug is prescribed. I think they find it





1 extremely difficult to comprehend the attitudes that  
2 the kids have with respect to drug use; i.e. use it  
3 for recreational purposes. I think there is a large  
4 ignorance factor involved. I think parents are  
5 confused with the contradictions that appear in the  
6 popular press, particularly in respect of marijuana,  
7 and also with respect to LSD and the controversy in  
8 respect to chromosome breakage, and so on.

9 MR. CAMPBELL: Where do you see the  
10 anxieties misplaced? Where do you think they are  
11 exaggerating their anxieties; misperceiving the  
12 situation?

13 DR. FAVERI: I can only speak for myself.  
14 Value judgments are involved, and with respect to  
15 drugs, I have to agree with Dr. Unwin. I think it  
16 was Dr. Unwin who stated that validation to blocking  
17 sentences is no substitution for empirical fact. And  
18 this is specifically true of marijuana and hashish.  
19 We do not know enough about it. If a child has been  
20 using a compound that we know very little about, I am  
21 naturally going to be anxious. Also, you have the  
22 humanitarian aspect, depending on what age group you  
23 are talking about. I am concerned when I see a twelve  
24 or thirteen year old involved with drugs. So, I think  
25 that as an individual I can empathize and appreciate  
26 the anxiety that many parents are experiencing, parti-  
27 cularly with regard to drugs.

28 MR. STEIN: Would it be your contention,  
29 then, that the use of a drug about which there is  
30 not a sufficient amount of knowledge, would constitute



1 abuse, because you indicated your concern about abuse  
2 of substances that are not well known. I wondered,  
3 if by definition, you were saying that any use of  
4 an unknown substance is abuse. Is that your position  
5 on this?

6 DR. FAVERI: I find it difficult to  
7 define abuse. Let us talk in terms of usage. For  
8 example, there are phenomena associated with certain  
9 compounds that are almost foreign to us. The concept  
10 of flashbacks. One may have flashbacks--using LSD  
11 once makes one vulnerable to flashbacks. I think  
12 there are risks involved. One starts and makes  
13 himself vulnerable to flashbacks. We are not told  
14 that flashbacks are found with regard to marijuana  
15 and hashish use.

16 MR. STEIN: I appreciate that point,  
17 but are you suggesting that there is no relative  
18 potential for knowing at this point the different  
19 harm that may occur, and that all of the hallucinogens  
20 are in one category of being reasonably unknown, and  
21 therefore, they all are very -- they are all sufficiently  
22 risky, that any use is ipso facto dangerous? Is this  
23 your contention?

24 DR. FAVERI: I would feel that way. I  
25 mean, what is dangerous, in a definitional question?  
26 Dangerous in terms of physiological factors or  
27 sociological factors, social factors? I appreciate  
28 the complexities involved. But, unfortunately, when  
29 dealing with a thirteen, or fourteen or fifteen year  
30 old, my values are going to come through.



1 MR. STEIN: Would you have the same  
2 concern for a nineteen, twenty or thirty year old?

3 DR. FAVERI: Yes, I would. I think we  
4 can carry on a more meaningful discussion in that  
5 he would be prepared to raise relevant issues and  
6 question some of my comments, but I would try  
7 to be as objective with him as I am with a thirteen  
8 or fourteen year old.

9 THE CHAIRMAN: Any other questions or  
10 comments?

11 THE PUBLIC: Mr. McTavish, there has been  
12 a great deal of talk about the sincerity of your  
13 program. Well, I would like to question the sincerity  
14 of the Board of Education. At our school, a Mr.  
15 Morley, informed about eight of us that this Commission  
16 was coming to town and we asked our administrators  
17 at the school if we could do a survey to present to  
18 this Commission. We went into a series of classrooms  
19 and that afternoon -- we were completely unbiased  
20 in our questions -- that afternoon a mother phoned  
21 into the school and said, "What's this about hippies  
22 going around to the classrooms and telling our kids  
23 to smoke pot?", and we were told to cool it temporarily.  
24 This was seven weeks ago. Since then your Commission  
25 has formed a little group in our school, which is to  
26 look into the problem, which is comprised of nine  
27 super straight students who spell marijuana with an "h".

28 Another case example, you were talking  
29 about what you would do when you found out about  
30 students that were taking drugs. I know of one student





1 who was a speed freak, who was suspended from school  
2 because of a zoning by-law, because of where his  
3 parents lived. How do you expect students to believe  
4 you are telling it like it is with those kinds of  
5 tactics?

6 MR. McTAVISH: I feel in our society  
7 this type of thing goes on in any situation. I can  
8 only tell it as it is with me, as I am trying to work  
9 through the problem in my own mind, and as I am  
10 hoping I can get through to people, who, maybe don't  
11 understand the problem, because it is something new;  
12 it is a bit of a fear of the unknown.

13 I realize there are two groups in the  
14 particular school which you are referring to. I believe  
15 that in my -- I could be wrong, but I believe that  
16 everyone was invited to a meeting, the so-called  
17 straight kids and others. I am asking you, did you  
18 go, did you take part in this? Because in the school  
19 of which I was principal until January, there is a  
20 committee of fifteen youngsters, and I understand, a  
21 waiting list to get on that committee, made up of  
22 straight kids and many other kids, and I have been  
23 working with them. I have had three of them on a  
24 committee, a sub-committee, the Mayor's committee  
25 working with me. They made some suggestions about  
26 going to the student body about summer facilities.  
27 We have done this.

28 It may be that you have been rebuffed in  
29 many cases, but I am asking you, did you get into  
30 that committee as it was called and formed?



1                   THE PUBLIC: Yes, I did. I was on that  
2 committee and that committee -- I went to the first  
3 two meetings and sat around and talked about the  
4 "drug problem", and came up with such famous resolu-  
5 tions as "speed was more dangerous than grass", and  
6 no attempt whatsoever was made to look into the  
7 problem at any serious depth. We tried to force upon  
8 the idea of interviewing the students on a large scale  
9 to test opinion, but the general consensus that they  
10 were representative enough of the student body.

11                   MR. McTAVISH: How about the rest of your  
12 friends -- you say there were nine straight kids.  
13 How many other kids were on it?

14                   THE PUBLIC: Three.

15                   DR. McTAVISH: How about getting the rest  
16 of your buddies. You could get, you know, ten, and  
17 hold the balance of power.

18                   THE PUBLIC: This was after we made our  
19 attempt with the classrooms, and, in fact, there were  
20 more than nine, there were twelve of us who worked  
21 there all together, and we did work with 400 students  
22 and we did quite comprehensive work on them. And we  
23 were told this was the tip of the iceberg and  
24 we had better wait and see what would happen. And  
25 we asked back three times, "Has anything been seen  
26 yet?" And they said, "No, we are still looking."

27                   MR. McTAVISH: Well, I can only say that  
28 you met with a rebuff. I can also say that the  
29 administration are under pressure from both sides of  
30 the fence. In this particular case, I think they have



1 given you a fair amount of leeway, and they ran into  
2 a problem, and whether, you know, the problem was  
3 exaggerated maybe by the parent, by the youngster,  
4 and so forth, and this is a fairly routine type thing  
5 in a school situation.

6 THE PUBLIC: The problem was one parent  
7 phoned in, and that parent understood the situation  
8 after one telephone call with the administration.  
9 She apologized, then said she had made a mistake, and  
10 after that there was no other opposition, but we were  
11 still told we could not continue our work to prepare  
12 a brief to this Commission.

13 MR. McTAVISH: I'm sorry, I can't answer  
14 for the administration, but I can only say that I think  
15 we are trying to run things in a sincere fashion.  
16 If you are questionning our sincerity, then I am  
17 afraid I am just going to have to sink or swim on  
18 my particular reputation, if there is such a thing.

19 THE CHAIRMAN: Would it be helpful to  
20 have students on the Task Force? I was looking down  
21 the list there. Has any thought been given to this?

22 MR. McTAVISH: Maybe Dr. Faveri can outline  
23 something that we are thinking in terms of.

24 DR. FAVERI: We have a proposal or a model  
25 that is presently being worked on by a sub-committee  
26 that encourages student involvement.

27 Are you familiar with the treatment work  
28 that has been proposed for the city of London?

29 Very briefly, the use of a treatment  
30 network has been proposed and will be operational





1 in the very near future. The use of the two city  
2 hospitals will serve as crisis control units for  
3 individuals experiencing the crisis, and they will  
4 be admitted into the Crisis Control Unit and they  
5 will remain there for a period of twenty-four or  
6 seventy-two hours and an assessment will be made at  
7 that time. If the individual requires further  
8 treatment, voluntary or major, he will be transferred  
9 to a stabilization unit to be located at the London  
10 Psychiatric Hospital. If/ <sup>the</sup> individual does not  
11 require extended treatment, he will be referred to  
12 either one of the central social agencies within  
13 the community or to the Addiction Research Foundation.

14 Now, we are aware of the fact that  
15 students will have drug problems, will be admitted  
16 to the crisis centre, will return to school. We  
17 have proposed this model, and briefly, our objectives  
18 are to provide a meaningful and workable model that  
19 is closely integrated with the recently proposed  
20 treatment network; a model that attempts to deal with  
21 the drug situation that presently exists within the  
22 school; it attempts to maximize the successful  
23 treatment for the student with a drug problem; it  
24 incorporates preventive measures which will be on  
25 the conventional educational approach; it permits  
26 the active participation of all secondary school  
27 students within the London area in all aspects of the  
28 drug problem. And finally, it permits greater teacher  
29 and parental involvement in the control and treatment  
30 of the drug using student.



1                   Now, there are a host of problems  
2 associated with the model, but we hope to work them  
3 through.

4                   In essence, we envisage the Board of  
5 Educations Task Force forming a sub-committee of  
6 student representatives from all secondary schools  
7 within the community. Now, that includes private,  
8 public and separate as well.

9                   We feel that serious consideration should  
10 also be given to include student representatives from  
11 Althouse College, Fanshawe College, London Teacher's  
12 College and also the University of Western Ontario.

13                  The purpose of this Student Committee --  
14 we are referring to it as a City-wide Student Committee;  
15 it will address itself to all matter related to the  
16 non-medical use of drugs by students and youth in  
17 general. The committee will assist with ongoing  
18 and future community program that are designed to  
19 deal with the drug problem. It will co-ordinate  
20 drug related programs and activities within the  
21 London Secondary School System, and it will also  
22 have permanent representation on the Board of Educa-  
23 tion's Task Force.

24                  THE CHAIRMAN: I thought I heard you say  
25 the Task Force would be a separate committee.

26                  DR. FAVERI: The opinion is that the  
27 City-wide Committee would be a sub-committee of the  
28 Task Force.

29                  THE CHAIRMAN: And there would be student  
30 representation on the Task Force?



1 DR. FAVERI: Yes.

2 THE PUBLIC: Who would pick the students?

3 DR. FAVERI: We would hope that they  
4 would volunteer their services. Our criteria for  
5 admission to the committee, admission will be on a  
6 voluntary basis. The student volunteer, we feel,  
7 should be prepared to spend one weekend attending a  
8 drug workshop where he will have an opportunity to  
9 acquire an in-depth understanding of all aspects of  
10 the drug problem, and student representatives must  
11 be prepared to form the nucleus of the drug committee  
12 within his own secondary school.

13 Each secondary school will provide  
14 students to serve on this City-wide Committee, the  
15 number of students representing a given secondary  
16 school -- we haven't worked this out, being dependent  
17 upon the student population and the approximate  
18 nature and extent of the drug problem in the school.

19 Now, we envisage this City-wide Committee  
20 forming into seven sub-committees, and the sub-  
21 committees and a general statement regarding the  
22 purpose of each as as follows:

23 1. An education sub-committee. Now,  
24 this would closely be related to the Addiction  
25 Research Foundation. Its purpose is to explore  
26 effective means of communicating problems associated  
27 with drug abuse to students; to evaluate, co-ordinate  
28 and actively participate in extra curricular drug  
29 education at the city-wide secondary school level.

30 2. A treatment sub-committee, again





1 closely related to the Addiction Research Foundation,  
2 and hopefully co-ordinated by them.

3 The purpose is to explore the effective  
4 use of students in crisis situations and the  
5 rehabilitation process of drug users; to co-ordinate  
6 and actively participate in city-wide student programs  
7 related to crisis intervention and the long term  
8 treatment of youthful drug users.

9 A third sub-committee, a Research sub-  
10 committee, closely related to the Addiction Research  
11 Foundation, and our Research Division; to address  
12 itself to acquiring reliable information about the  
13 incidence of drug usage and patterns of drug abuse  
14 within the schools.

15 A Discipline-Control sub-committee.

16 THE CHAIRMAN: What would that cover?

17 DR. FAVERI: To recommend to the Task  
18 Force a uniform city-wide disciplinary policy  
19 regarding the use, possession and trafficking of  
20 drugs, of illicit drugs by students on school property  
21 and school time; to recommend, co-ordinate and  
22 implement effective control measures related to the  
23 illicit use of drugs within the schools.

24 Fifthly, an Action sub-committee. The  
25 purpose, to explore factors and conditions within  
26 the schools and the community in general that  
27 directly or indirectly promote, encourage and/or  
28 lead to the use of drugs by students; to recommend,  
29 co-ordinate and implement measures that will  
30 effectively ameliorate those conditions which lead



1 to drug abuse and over which the school has some  
2 degree of control.

3 Sixthly, a Fund Raising sub-committee to  
4 explore a variety of ways in which funds can be  
5 raised for drug and youth related services within the  
6 community; to implement and co-ordinate student efforts  
7 at fund raising.

8 Seventh, a Public Relations sub-committee.  
9 The purpose, to improve the image that the adult  
10 community presently has of the average secondary  
11 school student; to co-ordinate communication related  
12 to drug usage by students and student efforts to deal  
13 with the drug problem; to relate such information to the  
14 community at large and to the student Drug Committees  
15 within each secondary school.

16 Now, we suggest this overall city-wide  
17 committee of students representing all secondary  
18 schools within the community, and we envisage a  
19 Drug Committee within each secondary school, with  
20 seven sub-committees that correspond to those sub-  
21 committees in the overall city.

22 The nature of the Drug Committee within  
23 a secondary school: it would be chaired by the nurse,  
24 the psychologist, the guidance personnel, the contact  
25 person or staff member acceptable to both students  
26 and administration. Each school's representative  
27 on the City-wide Committee would serve as the nucleus  
28 about which the Drug Committee will form. Membership  
29 would be on a voluntary basis and open to all students  
30 within the school. Once a sufficient number of



1 students had volunteered to cover each sub-committee  
2 direct membership to the Drug Committee would have  
3 to be limited. Each student within a school would  
4 have an opportunity to involve himself in any of the  
5 several aspects of the drug situation as programs  
6 are developed within the school and through<sup>out</sup> the city  
7 by the City-wide.

8 We are considering -- it poses a number  
9 of problems, a number of questions have been raised.  
10 The model did suggest a Disciplinary Committee might  
11 be formed within each school with the principal or  
12 his representative serving as Chairman, the student's  
13 parents, the student's home room teacher, the student's  
14 guidance counsellor, the school nurse, the school  
15 psychologist, and a representative from one of the  
16 community agencies.

17 We would hope that the committee,  
18 where a disciplinary situation arises, would evaluate  
19 each case on the basis of its individual merits  
20 and emphasize positive rehabilitation efforts of  
21 the individual involved.

22 THE PUBLIC: Sir, when do you expect  
23 this to happen?

24 DR. FAVERI: It is a mammoth under-  
25 taking, something we will be working on this summer.  
26 I do not know whether we can have it fully organized  
27 by September.

28 THE PUBLIC: I kind of doubt you are  
29 going to have it organized at all with all those  
30 sub-committees and everything else.





1 DR. FAVERI: Well, we are hoping that  
2 the students will volunteer their services and parti-  
3 cipate. You are aware of the situation in London.  
4 A drug committee was formed at Beal, a drug committee  
5 was formed at Oakridge, a drug committee was formed  
6 at Central and at Lucas. We feel the importance of  
7 students co-ordinating their activities; we think  
8 that they will be more effective. We think they can  
9 do more if they do co-ordinate.

10 THE PUBLIC: That's true, but I have  
11 already seen what happened to the drug committee at  
12 Oakridge. We already have nine straight students  
13 on it, and that's all you are going to get on it,  
14 when the kids see what the committee actually is.  
15 It's just a lot of bureaucracy and nothing else. All  
16 you have is red tape all over the place. Nothing is  
17 going to happen. How long has the Mayor's Committee  
18 been in effect, by the way?

19 MR. McTAVISH: I guess about six or  
20 seven weeks, maybe two months.

21 THE PUBLIC: Have you ever thought  
22 of asking any students what they thought of your  
23 sub-committees and everything else, because I really  
24 doubt you are going to get anybody on them that is  
25 going to be worth getting on.

26 MR. McTAVISH: We had a sub-committee  
27 working on facilities for the summer, which is of  
28 concern to everyone. We had three students from  
29 secondary schools, we had three young people from  
30 outside the secondary schools, two of them, I think,



1 were in employment, and one does not have a job.  
2 We sat around and discussed what type of facility  
3 was needed and so forth, and we finally came to the  
4 conclusion that we should go to the schools themselves.  
5 We had a representative or representatives go to  
6 each school and meet with any youngsters who wanted  
7 to discuss with us, (a) where there was a need for  
8 a facility this summer, and (b) what type of program  
9 they should have.

10 We got certain ideas; we came back;  
11 we presented a report. The report has been accepted.

12 I appeared before the Board of Education  
13 last night to ask for the use of Oakridge Secondary  
14 School six days a week, from one to five, and seven  
15 to eleven each day, as a drop-in centre, and with  
16 custodial charges free, which, incidentally, we are  
17 talking in terms of a couple of thousand dollars.

18 We also have asked that a drop-in  
19 centre be established downtown, outside of the school  
20 system. We are hoping to get a federal building which  
21 is not in use at the present time, and then we have  
22 asked the Board to operate their seed program at the  
23 east end, at Sir John A. Macdonald School. In this  
24 way we hope -- it is a small start, but it is a start  
25 and we are looking for a budget of fourteen or fifteen  
26 thousand dollars, which has to be raised. And we are  
27 making moves; sure, it's a slow program.

28 Dr. Faveri has come up with a model,  
29 and believe me, this model has already been torn apart.  
30 I'm already told there are some things that won't work.



1 He has been told this and he has argued back, and  
2 I think you must realize that all of us are working  
3 at this sort of thing as an extra-curricular job.  
4 This is pretty much what it is. Maybe we are working  
5 slowly, I don't know, but we are attempting to work  
6 our way through. We have the meetings of the Mayor's  
7 Committee each Tuesday afternoon. Anybody is welcome  
8 to come and present a case at any time.

9 THE PUBLIC: What preventative laws  
10 do you hope to enact in the schools of London?

11 MR. McTAVISH: I don't quite understand  
12 your question.

13 THE PUBLIC: You said you were going to  
14 discuss what laws there should be on drug pushing  
15 in the school system.

16 DR. FAVERI: We would hope that the  
17 students themselves would provide us with recommenda-  
18 tions. That is the purpose of this, that it consists  
19 of students.

20 I would like to get back to the other  
21 point that you made; that you only have straights  
22 on this drug committee. Two of the sub-committees  
23 I am most excited about are the Action and the Treatment  
24 sub-committees, and my feeling is that the straights  
25 in each community are just as aware of the problems  
26 within the community, within the school, as those who  
27 are not straight, and if they can recognize those  
28 problems and do something about it, I think it is of  
29 benefit to everyone.

30 Similarly with respect to the treatment





1     centre. My feeling is that an individual does not  
2     have to be a drug user to help an individual, not  
3     only with a drug problem, but with any emotional  
4     problem.

5                 THE PUBLIC: Mr. McTavish, in respect  
6     of your half-way school, I wonder if you could clarify  
7     a point for me. When trying to help young people  
8     return to school, following a treatment; not just six  
9     weeks as you mentioned earlier, but sometimes a period  
10    of time when they have dropped out nine or ten months,  
11    sometimes a year; their opportunity of going to this  
12    half-way school and get help with their concentration  
13    or whatever it is that they have to do to go back to  
14    the straight school; will they be put back at the  
15    level that they dropped out at, or will they be able  
16    to return at the level of their confidence, if you  
17    can say confidence? And what about the new credit  
18    system, how will this affect it?

19                MR. MCTAVISH: Well, we feel -- let's  
20    take a practical example. Let's say Mary Smith comes  
21    in, and I think the responsibility of the two teachers --  
22    we are thinking in terms of two teachers here, one  
23    probably in the Math and Science area, and one, English,  
24    History, Geography and so on, will sit down with her  
25    and try to discover just where she would fit in a  
26    school system. I think, after working with her for  
27    a while, you would have a pretty fair idea just where  
28    Mary Smith might fit into the structure.

29                With the new credit system, which you  
30    realize is being introduced in the fall, for all other



1 schools, students will be promoted on an individual  
2 subject basis. This should ease the problem con-  
3 siderably. We hope that when the recommendation  
4 is made that she goes back to the regular school  
5 system, that she will be in a little bit better  
6 shape, emotionally, to handle it, and we will know  
7 where she should be in that system.

8 THE PUBLIC: So that, if the young  
9 person drops out in grade nine and has entered the  
10 drug scene, and comes to treatment, and decides he  
11 wants to go back, and at this time he is seventeen,  
12 then he can go back, presumably, if he were able to  
13 cope, at a grade twelve level, in certain subjects?

14 MR. McTAVISH: I would say this. He  
15 would have to prove that he is capable of handling  
16 that. It is the responsibility of any school system  
17 to place the student in the system, in the area of  
18 which they can handle it, at the level at which they  
19 can handle particular things. It would be of no  
20 advantage to that student, particularly with those  
21 emotional problems, to place him at a grade twelve  
22 level unless he felt, very definitely, that this is  
23 where he should be.

24 THE PUBLIC: Yes, I realize there is  
25 no advantage if it puts too much pressure, but  
26 sometimes the pressure of boredom has caused people  
27 to look for kicks elsewhere. And it would be my hope  
28 that this challenge of a little bit more advancement  
29 would be more beneficial than a grade nine level.  
30 I was just concerned if the credit system would



1 change or not.

2 MR. McTAVISH: I think it would help  
3 the individual student.

4 DR. FAVERI: Our final report on this  
5 is with regard to the Treatment Committee within each  
6 secondary school. One of the problems with the  
7 treatment network, as discussed, is that no specific  
8 provisions are made for communication between the  
9 schools and agencies within the treatment network,  
10 and meaningful involvement of the schools in the  
11 overall treatment process of the student drug user.

12 The present model attempts to overcome  
13 the above mentioned limitations by the formation of  
14 a Treatment Committee within each school. It is  
15 believed that therapeutic success can be maximized  
16 through the co-operative and co-ordinated efforts of  
17 significant individuals who are capable of maximizing  
18 daily control of the students' activities.

19 Thus, we would envisage a Treatment  
20 Committee consisting of the individual's -- the student's  
21 parents, his guidance counsellor, the therapist from  
22 the social agency to which the student was referred  
23 by the treatment network, the school nurse, and/or  
24 the contact person, and the school psychologist.

25 THE CHAIRMAN: Gentleman at the micro-  
26 phone?

27 THE PUBLIC: Mr. McTavish, I was  
28 wondering about, not only your summer program, but  
29 also about your program for the next year. Will you  
30 be working, in any way, on this, with the R.C.M.P.





1       Narcotics Squad?

2                   MR. McTAVISH: No, we have nothing to  
3 do with the R.C.M.P. Narcotics Squad. As a matter  
4 of fact, it is my information that they are not even  
5 operating in London now. It is the City Police.  
6 How true that is, I don't know. We don't have  
7 anything to do with the R.C.M.P. We've never even  
8 had them at a meeting. We have had the City Police  
9 at a meeting, I think it was, earlier, to find out  
10 their position.

11                   THE PUBLIC: What is their position?

12                   MR. McTAVISH: Let me say this. I was  
13 on the Seventh Floor, Victoria Hospital one day, when  
14 a policeman brought a youngster in, who was in trouble.  
15 I think police are like all of us, in all occupations.  
16 They are human, they are in error at times, and I  
17 believe that they have been faced with a very, very  
18 difficult situation. Because I think, up until very  
19 recently, they have had the whole problem dumped in  
20 their lap, and I don't think the rest of society has  
21 done much about it. I think they simply said, "There  
22 it is, George, you look after it", sort of thing.  
23 But, we are not associating with the Police Department.

24                   THE PUBLIC: You will not become  
25 involved with them in any way with your program?

26                   MR. McTAVISH: I don't see how we  
27 really -- do you see any way that we might?

28                   DR. FAVERI: If we were involved, I  
29 would hope it would be in a co-operative effort.  
30 In other words, "let's look at the students and see



1 what is the best interest of the student". There  
2 are some exciting programs going on in various  
3 communities in the United States, where law enforce-  
4 ment is involved, and they are taking a positive  
5 approach. They are employing the concept of "deferred  
6 prosecution", which, I think, is exciting and one  
7 that certainly deserves serious consideration with  
8 regard to legislation on drugs.

9 THE CHAIRMAN: Thank you very much,  
10 gentlemen.

11 I call now on Mr. Bryant Brown, of  
12 the Legalize Marijuana Committee.

13 MR. BROWN: May I begin by apologizing  
14 that I could not present you with copies of our  
15 submission<sup>before</sup>/today. We had hoped to have them written  
16 but we waited until the last moment to write them down.

17 With the number of submissions this  
18 committee has received since our original submission  
19 to you of October, 1969, it makes it rather difficult  
20 to determine what else should be said. The only  
21 creative discussion that we thought might be useful  
22 is one centred around the recommendations you may  
23 make and their relationship to personal freedom in  
24 this country.

25 All of us take some pride in our country;  
26 "glorious and free", as we sing, and teach our  
27 children to sing in Oh Canada, and yet so seldom do  
28 we stop to think about the meaning of this freedom.  
29 We hold up freedom as an unrestrained ideal charac-  
30 terizing our way of life and yet in the restrained



1 day to day reality we find that there are many laws  
2 and many rules that restrict our ideal image. Despite  
3 these restrictions in our freedom we would scarcely  
4 revise our national anthem to "glorious and 'relatively'  
5 free", because it seems that the ideal of a maximum  
6 of individual liberty is what we are after.

7           Increasingly, our attitudes seem to  
8 bend toward restricting the sphere of the law to  
9 that of controlling inter-personal behaviour,  
10 especially behaviour that does not have the universal  
11 consent of the persons involved. By the same token  
12 private personal behaviour is increasingly being  
13 considered to be just that -- private personal  
14 behaviour and of no business to the State.

15           The report of the Canadian Committee  
16 of Corrections suggested that we should attempt to  
17 provide maximum personal freedom and that in order  
18 to accomplish this, and I quote, "the number of laws  
19 must be limited to what is essential, since too many  
20 laws invite public rejection and increase the scope  
21 of State interference while reducing its effective-  
22 ness." Thus, they not only agree with this philosophy  
23 but they recognize a certain pragmatic wisdom in it.

24           A second factor to consider is how  
25 much of personal morality we wish to dictate or regu-  
26 late? Electronics has made this question far more  
27 difficult to answer than it was a generation or two  
28 ago, for now we are confronted daily by the wide  
29 range of ethical standards from around the world. We  
30 are becoming aware that there are standards of ethics





1     apart from those of the Church and as we become  
2     more enlightened we become aware of the multiplicity  
3     of standards that do exist. Because of the complexi-  
4     ties of trying to assess which of these sets of  
5     standards are "right", or warrant State recognition,  
6     we seem to be taking the more logical and limited  
7     view of not legislating for this, or that form of  
8     ethical style, but legislate to allow for persons  
9     to live in the fashion that they feel is right.

10                 In this spirit the State has removed  
11     its sanctions against homosexual behaviour, and it  
12     was understood that this was not an implicit recog-  
13     nition of homosexuality as being "right. It is in  
14     this spirit too that an increasing number of persons  
15     are speaking out in favour of removing the sanctions  
16     against abortions -- not to give recognition to  
17     abortion being "right", but to allow a patient and  
18     doctor to decide if it is wise in their particular  
19     case.

20                 In terms of this general philosophy  
21     of having the freedom to do as you wish, as long as  
22     you do not infringe on the freedoms of others, and  
23     I think this has been discussed a few times today,  
24     people should have the freedom to use whatever drugs  
25     or chemicals they desire as long as they do not  
26     inflict themselves on others.

27                 Because the potential degree of drug  
28     dependence, or of personal danger, or of danger to  
29     others, or of expense to others; because these factors  
30     vary greatly with each of the many drugs that are



1 available, and also considering the unalterable and  
2 undeniable fact that people have, do and probably  
3 will insist on using drugs, whether legally or  
4 illegally, it seems wise, it seems consistent, and  
5 it seems just to make these drugs legally available  
6 to a degree that is representative of their known  
7 levels of harmlessness or harmfulness.

8           It would seem just too, to consider  
9 the relationship between availability and potential  
10 harm should keep in mind, but not copy, the relation-  
11 ship in other areas. For example, last weekend was  
12 a holiday weekend; in this country 58 people died  
13 in traffic accidents. Yet, given such predictable,  
14 horriby consistent figures, there has been no legis-  
15 lation passed making possession of an automobile  
16 a criminal offence. None of the weekend deaths  
17 resulted from drug abuse and yet we react more to  
18 incidents of drug use than we do to traffic deaths.  
19 I'm not suggesting we be as casual in our drug laws  
20 as in our traffic laws, but we should at least  
21 consider the relative balance.

22           The variations in the levels of drug  
23 availability that can be considered, range from  
24 no availability, or, as the R.C.M. Police suggest,  
25 that we halt the flow of drugs "at all costs", to,  
26 on the other hand, involuntary drug use as has been  
27 suggested by those who would "put LSD in the water  
28 supply." Between these extremes is the middle range,  
29 although less colourful than either of these extremes  
30 is probably more meaningful and could include, for a



1 few examples, starting from the more restrictive:  
2 drugs available by single, non-repetitive prescription,  
3 and perhaps, at special clinics. Another scale,  
4 to make drugs available through open prescriptions,  
5 like birth control pills at the present time. Another  
6 scale, drugs available through controlled outlets,  
7 no prescription necessary, but no promotion allowed,  
8 like contraceptives. Drugs available through con-  
9 trolled outlets but with modest promotion allowed,  
10 like distilled alcohol. Drugs available through  
11 controlled outlets but with extensive promotion  
12 allowed, like beer in Ontario; through to drugs  
13 available almost everywhere in a very loose style  
14 of sale with uncontrolled promotion, as cigarettes  
15 have been.

16 The variations are many, far more than  
17 these few examples. But, by using these options we  
18 can provide for the freedom of those who wish to use  
19 drugs to do so. Done reasonably, we will also control  
20 the quality of the drugs that are being used and we  
21 can retain contact with people to try to control  
22 incidents of drug abuse.

23 It seems appropriate to discuss this  
24 type of scale at this time, because we seem to be  
25 entering the era of questionnaires asking, "Are you  
26 in favour of the legalization of -- this drug or that?"  
27 Most often marijuana. The answers to this sort of  
28 questionnaire, although politically useful, are of no  
29 constructive value whatever, for they do not come to  
30 grips with the degree of prohibition that should be





1 used or the degree of availability that should be  
2 introduced. The very wide scale of alternatives  
3 that could be chosen completely eliminates the  
4 simplicity of an "either/or" alternative. To have  
5 more significant the questionnaire of that nature  
6 should ask if we should treat all drugs in a scale  
7 that is indicative of their known potential dangers,  
8 or something similar.

9 I would add one cuation to these  
10 comments on the scale of availability. The list  
11 that I just read incorporates a part of our existing  
12 market structure, that is, advertising and promotion.  
13 Pope Paul has recently defined freedom as the absence  
14 of direction from outside and, although I seldom am  
15 in agreement with the Pope, on this issue, I believe  
16 that advertising and its resultant conditioning are  
17 very definite restrictions on our freedom and I would  
18 suggest that advertising be restricted on all drugs,  
19 from aspirin to opiates.

20 Present advertising in the beer market,  
21 for example, has no relationship to the price or  
22 quality of the product, and these factors, after all,  
23 are what advertising is supposed to involve. Un-  
24 questionably, a beer jingle does stimulate the buying  
25 of this or that beer temporarily, but more so it  
26 promotes the concept of drinking beer in general.  
27 It seems rather foolish to stimulate a desire for  
28 this drug in persons who could otherwise enjoy  
29 themselves without it.

30 The many option, either of drug availa-



1 bility, or a similar range of options for levels  
2 of deterrence and prevention, I would suggest, should  
3 be considered by associations against drug use,  
4 usually referred to as "committees on drug abuse",  
5 or, more popularly, committees on drug Alert; and  
6 if they were at least considered your Commission would  
7 get more useful information on the scale of deterrence,  
8 if that is what you feel is desired.

9 To change the topics, slightly.

10 In a hotel beverage room in this city  
11 one evening, the morality officers came in and started  
12 checking proof of age of the younger looking girls.  
13 Some, under age, but with proof of age, stayed and  
14 drank. Others, without proof of age, went to the  
15 washroom and stayed there till their friends told  
16 them it was all clear. When the police entered, a  
17 joint was being smoked at one table and it was quietly  
18 put out until they left. No one under age was found  
19 and the total effect, although entertaining, was not  
20 particularly conducive to respect for the existing  
21 laws.

22 On another occasion, a young friend of  
23 mine, an ex-speed freak, addressed a home and school  
24 meeting on her knowledge of drugs. After the meeting  
25 one of the teachers wanted to talk further so they  
26 decided to go to a beverage room where she had been  
27 drinking for some time. (Not that evening, in time --  
28 in terms of weeks) Morality officers picked her up  
29 for being under age in a beverage room, took her to  
30 jail, by paddy wagon, forced her to spend the night



1 in jail, and in the morning she was convicted and  
2 fined \$25.00. The lesson to her could have been that  
3 it is cheaper and less hassle to stay at home and  
4 shoot speed. Fortunately, she is together enough  
5 that she simply reacted to the incredible absurdities  
6 in the law around us.

7           These absurdities continue to exist  
8 because no informed guidance is available for the law  
9 makers at the local level. The incidents in  
10 question have both happened in the last four months  
11 and that is interesting in that this Commission will  
12 have been in existence one year as of June 17 -- next  
13 month. When this Commission was created, it was to  
14 report "within six months of its establishment", and  
15 I quote, which would have been in December, before  
16 either of the above incidents occurred.

17           In this city we have set up a police  
18 Drug Squad, a city Drug Committee, an educational  
19 program relating to drugs and all of this without  
20 the benefit of the research that you have done.  
21 At the same time, there has been an apparent change  
22 in the nature of the drug market from the contro-  
23 versial but insignificant marijuana use that, I think,  
24 sparked the creation of this Commission, to the  
25 greater problem of amphetamine dependence.

26           To be eleven months in the making --  
27 five months and possibly six, or possibly more of  
28 these overdue, before we see your report, is hard  
29 to believe -- but, here in London, it becomes inane  
30 when there are stories coming from the Commission





1 office for the last three or four of these months  
2 that the report is being released at any day now.  
3 The original London hearing was scheduled in March  
4 and was postponed because it may have conflicted  
5 with the release date of the interim report.

6 There are very few explanations that,  
7 I feel, are credible. The one that is current, and  
8 the one I happen to share, is that the cabinet is  
9 quite divided on the suggestions that are probably  
10 in the report, and is in no rush to have it released.

11 There is a definite complicity on the  
12 part of the government in its lack of pressure to get  
13 the published report and in John Munro's willingness  
14 to let an educational program be postponed this long  
15 in an area in which he felt "grave concern" a year  
16 ago.

17 The next federal election will likely  
18 be held in 1972 and so it seems inevitable that they  
19 will be going into that election either having just  
20 acted on your report, or, they will have your proposals  
21 as an election issue -- neither alternative is  
22 especially appealing, no matter what you recommended,  
23 for some groups are bound to be offended. It would  
24 seem to me to be far wiser to press for the release  
25 of your report so the public can acclimatize itself  
26 long before either action or before an election.  
27 Meanwhile the rumour is growing that the real reason  
28 for the delay is pressure from Washington to follow  
29 the American drug policy.

30 The serious delay in the interim report



1 can do very little to alleviate a spreading suspicion  
2 of established authority -- the sort of suspicion  
3 which tends to alienate youth and actually promote  
4 some drug use. This dangerous delay not only increases  
5 doubts about the validity of this sort of decision  
6 making, but also makes these current hearings futile,  
7 for we can neither condemn nor condone your decisions  
8 to date for you have made none. It is imperative,  
9 therefore, that the public receive an answer to a  
10 question that I am sure they are asking, and which  
11 many of us here are asking: When will you release  
12 your interim report?

13 THE CHAIRMAN: Well, I should observe  
14 that I think you might have asked that question first  
15 before all the speculation. It would have saved us  
16 a little time and perhaps have made it a little  
17 easier to answer/ <sup>the question,</sup> in a prejudiced atmosphere. But,  
18 be that as it may, the facts have been made public  
19 and they are absolutely true as stated.

20 The terms of reference required us to  
21 submit an interim report -- or, make an interim  
22 report upon the expiration of six months. These were  
23 the words, "upon the expiration". I think it was  
24 fairly clear, upon reflecting on the task that had  
25 been assigned us, that we couldn't be expected to  
26 begin writing the report the day after our appointment,  
27 or even, let us say, three months after our appointment  
28 and we never interpreted our requirement as requiring  
29 us to have the report ready within six months from  
30 our appointment, otherwise, we would have had to start



1 very early to write, quite obviously before we had  
2 any kind of a sufficient base of public hearings.

3 We conducted our public hearings, the  
4 first soon after our appointment, as fully and rapidly  
5 as we could, and we make no apology for the industry  
6 with which we brought to the task our work in the last  
7 fall. And upon, roughly, the expiration of six months  
8 of public hearings, literally upon the expiration,  
9 we proceeded to write our interim report, and we spent  
10 approximately three and a half months writing that  
11 interim report, again, for which we do not apologize.  
12 We will let the report speak for itself; it is a  
13 document of some 600 pages, and the report has been  
14 ready in the English version since the beginning of  
15 April, and it is bound and is in our possession, in  
16 the English version, and we expected to be able to  
17 have the French version of the report ready almost  
18 at the same time, if not, at most, a week or so after,  
19 and we were scheduled to deliver a report in both  
20 versions at the beginning of April.

21 It is true that we had hoped to be  
22 able to deliver it, indeed earlier, but, as I say,  
23 three and a half months, with the difficulty and the  
24 complexity of this issue and the evidence and every-  
25 thing we had to consider, the scope of the report,  
26 as I say, will speak for itself. We make no apologies  
27 for it. But, I am not  
28 here to defend ourselves personally, today.

29 On the contrary, where no other Royal  
30 Commission has had that, an interim report requirement,





1 in such short time, such an arduous task placed upon  
2 it, which it had to discharge concurrently with these  
3 public hearings; so far from being -- far from the fact  
4 <sup>that</sup> /we should be on the defensive, I believe that I speak  
5 for the Commission and the staff, and I cannot  
6 reproach any of them for having done any less than  
7 humanly possible in the way of work.

8 It was the Minister's decision not  
9 to accept the report in one language. Whatever  
10 personal regrets we may have had, whatever personal  
11 sense of urgency we had, which was considerable,  
12 I cannot question, and I cannot find that I am able  
13 to question the propriety and significance of the  
14 Minister's decision. As I say, I do not have to  
15 elaborate on the significance and importance in this  
16 country on this whole question of the bilingual  
17 character of the report. We invited the Minister  
18 to accept delivery of the report in one language,  
19 but he said that the government required two.

20 We have since been living week to week  
21 hoping for the French translation to be completed.  
22 Again, I cannot find it in my heart, although I am  
23 very disappointed -- I cannot find it in my heart  
24 to be overly critical, because it is a very complex  
25 subject, the report is long and there are many onuses,  
26 technical and otherwise, and philosophical. When  
27 you assign a task like this to experts, you have  
28 to deal with them. There is no way you can coerce  
29 them into finishing their task earlier. This is  
30 the truthful story of the report. The translation



1 is now complete, the French version is being printed,  
2 the French version is being completed, and will be  
3 completed in a matter of a very few days, and the  
4 report will be delivered in both languages in a very  
5 few days, literally a very few days, to the Minister.

6 The Minister does not have the report,  
7 no member of the government has a copy of the report.  
8 The report is in our possession, in several thousands  
9 of copies, and then it is a question for the govern-  
10 ment to determine how soon it tables the report.

11 We have done our very best, and, as I  
12 say, I am not here to blame ourselves or to excuse  
13 us, and I cannot in my conscience find what we could  
14 have done differently.

15 We could not do justice to this pheno-  
16 menon with a little report, a little, flimsy, off-hand  
17 thing that we could have got out three or four months  
18 ago, off the top of our head. The Canadian people  
19 are deeply concerned and justified in their concern  
20 about this, and they are entitled to the best effort  
21 of thought and analysis, we could give this topic,  
22 having imposed on us the very arduous requirement of the  
23 interim report in the first place.

24 As I say, the report will be available  
25 very, very shortly, and then the government -- it's  
26 up to them. But I certainly appreciate the concern  
27 and the misunderstanding; I certainly do not in any  
28 sense complain about the concern, but this is the  
29 absolute truth about the interim report of the  
30 Commission of Inquiry into the Non-Medical Use of Drugs.



1 There's nothing -- there is no other significant  
2 fact to be said. And, as far as we know, we have no  
3 reason to believe that anybody knows what is in that  
4 report, and we have no contact whatever with anybody  
5 in the government concerning it.

6 MR. BROWN: Thank you very much, sir.  
7 That was a good answer.

8 THE CHAIRMAN: Now, was that all ---

9 MR. BROWN: That's all that I had to  
10 say.

11 To just discuss the concept in the first  
12 place, which I think we should talk about now, the  
13 fact that surveys are being done which may or may not  
14 have any validity, and I doubt really that they do.

15 MR. CAMPBELL: We might just add one  
16 very brief thing to the Chairman's remark, which is  
17 a remark that he himself has made, frequently, and,  
18 in fact I think, perhaps, he should make it again,  
19 and this is of the relevance of our work at the  
20 present time on the final report.

21 THE CHAIRMAN: Yes. We, of course, had  
22 expected and hoped, and planned that the interim  
23 report would be out to the public when we came to  
24 London, and that, if you recall, is why we postponed  
25 it. Now, we could not postpone it for a further  
26 time. And the fact is that we are now very much  
27 into the work of our final report, and there is only  
28 another year left. Far from being irrelevant, the  
29 hearings, since the interim report -- it is true the  
30 public does not have the opportunity of comment on





1 the interim report, which is what we had hoped, but  
2 what we have been hearing is most relevant and most  
3 pertinent to our task, and helpful to our task,  
4 because -- and I should say that we ourselves, having  
5 done the interim report, have a better sense, maybe,  
6 of the issues, a more focused approach to what we  
7 are hearing, so that in a sense these hearings are --  
8 they are every bit as productive as any we have had,  
9 and, perhaps, have been an enhancement to us, because  
10 we have a better perception of the issues and relation-  
11 ships, and where we need more knowledge and depth.

12           An example is, this morning, you see,  
13 we are better able to appreciate this morning, the kind  
14 of submission we had from the pharmacists. But, it  
15 is unfortunate, from the public point of view and  
16 from ours too, that we did not have the report as a  
17 sounding board, which was what it was conceived to  
18 be, but we could not postpone this hearing again.

19           MR. BROWN: If I could comment too --  
20 it is unfortunate, because I know, in this city,  
21 that some people who are actively involved with drug  
22 users -- these are long haired drop outs, if you like,  
23 are not here today, and they won't come, because  
24 they are suspect of this type of decision making  
25 authority, and, in part, because of the delays which  
26 they have experienced, from the optimism they shared  
27 with me just at the beginning, to the suspicion which  
28 they now have, as of today. This is why I felt it  
29 necessary to make the comments that I did.

30           MR. CAMPBELL: I hope, for one, that you



1 will do what you can to allay that suspicion, or,  
2 send it to us where it belongs.

3 MR. BROWN: I am still suspect of John  
4 Munro's complicity in insisting upon the French  
5 translation of a report that he felt was of great  
6 concern a year ago when he was discussing in the press  
7 that he would have the interim report in December  
8 or January. I recognize the optimism of people  
9 in this situation. I have previously complimented  
10 this Commission on their openness and the way they  
11 have conducted hearings, and correspondence. I feel  
12 that the Commission is doing the honourable thing.

13 I wonder about the government in its  
14 lack of effort to get the report, and the suspicion  
15 is not allayed, but that is not your department.

16 THE CHAIRMAN: Well, thank you very  
17 much, Mr. Brown.

18 It is quite late, but I think there  
19 is one other person scheduled to make a submission,  
20 and this is Miss Beverly Whitney.

21 MISS WHITNEY: First, I would like to  
22 state that the only person I represent is myself, and  
23 that I did not intend to make a submission today, but  
24 in view of what the pharmacists said this morning,  
25 I felt that I would like to express publicly my  
26 opinions about CODA.

27 In my opinion one of the most damaging  
28 things happening in the drug scene to date, is CODA.  
29 For those of you who don't know what CODA is, it is an  
30 association set up by the pharmaceutical companies



1 to stamp out drug abuse.

2 Because everything is running late, I  
3 will try to be as brief as possible.

4 I became aware of CODA through their  
5 luncheons in Toronto at the beginning of the year.  
6 Since then, I've written <sup>the</sup>/Lockheed Foundation in  
7 California and read the literature on their program,  
8 and previewed four of their films.

9 I won't attempt to get into any of my  
10 objections to the content of their program at this  
11 time, but I shall relate to you my objections to  
12 their policies, and they are as follows:

13 I feel that CODA is not as concerned  
14 with the youth, the problems of the changing youth,  
15 as much as their own self image. I object to the  
16 fact that it seems the pharmaceutical companies are  
17 trying to tell us that they have a conscience. To  
18 me this is fraudulent, mainly because of the type of  
19 advertising in which they are involved in. For  
20 example, the TV commercials for certain tranquillizers  
21 and drugs.

22 This morning the pharmacists mentioned  
23 about aspirin -- about the dangers of aspirin to  
24 children. I took the opportunity of buying a ten cent  
25 package of aspirin, in which -- this little thing is  
26 in it. Nowhere, in French or English, does it state  
27 that aspirin is dangerous. I think, the one thing  
28 that sort of stands out, at the bottom is, "Save  
29 money, buy the larger sizes."

30 I object to the fact that CODA is trying





1 to pass off their whole organization as a public  
2 service to the community, not mentioning the fact  
3 that they are making a lot of money by selling the  
4 education program they bought from the Lockheed  
5 Foundation, to Canada.

6 I object to CODA's premise that all  
7 the drugs used, if they are not used by prescription,  
8 are evil and immoral and that they consider that  
9 drugs being used not by prescription should be  
10 stamped out actively.

11 I don't think that CODA makes any stand  
12 in terms of the tobacco industry or Liquor Control  
13 Board.

14 I object to the fact that CODA seems  
15 to focus drug problems on illegal drugs used by  
16 youth and makes no mention of barbiturate overdoses.

17 One statistic that I was lucky enough  
18 to get today -- is that, in London, this is in our  
19 city, from June 1, 1969 to March, 1970, there were  
20 671 known self injuries (suicide attempts). Eighty  
21 percent of these were induced by barbiturate over-  
22 doses, prescription drugs. Forty-seven percent  
23 of the people involved were married and the average  
24 age was 29.

25 I object to CODA's false representations.

26 I also object to the Honourable John  
27 Munro opening the CODA luncheons in Toronto. It seems  
28 that the whole program is set up, not really to educate  
29 the public, but to scare them. I object to scare  
30 tactics being used in place of understanding in any



1 drug education program.

2 I feel that in dealing with the drug  
3 problem accent should be placed on youth rather than  
4 natural disasters leading into drug abuse.

5 Finally, I object to the fact that I  
6 know a number of people, who, if they had half the  
7 money that CODA has, could develop a program that  
8 wouldn't scare or frighten the public but help to  
9 understand the problems of youth.

10 One of the most serious problems right  
11 now, facing Canadians, is the fact that kids are not  
12 economically needed for jobs, that it's hard for  
13 summer employment. There are no part-time jobs  
14 anywhere. And I feel that if a Commission like this  
15 were concerned, that they must be prepared, not only  
16 to invest time, but to invest money, and I doubt if  
17 CODA, and to be quite honest, I doubt if any Commission  
18 or anything right now, would consider investing two  
19 or three million dollars in youth in terms of setting  
20 up jobs for us, or really listening to the ideas of  
21 how kids would like to see drug education presented.

22 The only program that I have ever heard  
23 of that comes near, in any way, shape or form, of  
24 being adequate, was a review of a program that I saw,  
25 as Mr. McTavish said, and that was set up at Banting  
26 high school. Mr. McTavish and Terry Roberts  
27 presented part of the program. This is the only  
28 program to date that I feel that is anywhere near it.

29 I can't understand how we can have  
30 government commissions to find out the problems of



1 youth, while the pharmaceutical companies so falsely  
2 represent themselves.

3 Okay, my questions to the Commission:

4 Honestly, if I, or any other youth  
5 group, worked out an education program, honestly,  
6 what chance of finance and acceptance would this  
7 program have, and also in terms of writing up a program  
8 and submitting it to somebody, where would we send it  
9 and to whom would we talk?

10 Does the Commission advocate the CODA  
11 program? If not, Mr. LeDain and the rest of the  
12 Commission, what do you feel the need should be in  
13 terms of drug education in our country?

14 THE CHAIRMAN: Well, we can't express  
15 an opinion about a particular drug education program  
16 off the cuff, in public, like this. We are to  
17 express our opinions in reports. But, we have no  
18 association with that program. It does not mean that  
19 we have -- we are expressing an opinion. We are  
20 going to have something to say about drug education --  
21 we say something in the interim report. So, I think  
22 we had better wait for that, and leave it there.

23 But, we are very interested in what  
24 you have to say, about your opinions of the program.  
25 Certainly, this is one of the issues that is raised,  
26 as to what the general approach should be, and this  
27 whole question of fear, an attempt to build a whole  
28 program with the strategy of fear, and these are the  
29 issues that we have heard from time to time. And,  
30 you have expressed an opinion that is of interest to





1 us and we certainly will look at it -- look at it  
2 carefully, about what you say.

3 We are not at the stage, yet, and, let  
4 me put it this way, we are not at the stage, yet,  
5 to express an opinion on specific programs. I'll  
6 tell you what we are -- we are at the stage of  
7 having, we think, identified some of the general issues,  
8 and are in a position to express ourselves in a fairly  
9 general way about drug education and we make a study  
10 of the problems involved with drug education on the  
11 spot. We are trying to get close to it and see if  
12 we can develop a better, deeper, understanding of  
13 the actual problems, technical question, and so on;  
14 and how it works, and how it can work effectively  
15 and why it may be failing in certain cases, and then  
16 see if we can't convey some specific suggestions.

17 But, we do not feel, right now, that we  
18 know enough about it. We are still learning, and we  
19 heard people today speak about it. I think that is  
20 about all I can say at this point.

21 MISS WHITNEY: Sir, could you give --  
22 do you know of any reasons why Mr. Munro is opening  
23 CODA luncheons? I mean, the reason -- I think this  
24 is -- you know, I can't ask you to speak on behalf  
25 of him, but, like if the government is not involved  
26 in criticizing or making opinions of other people's  
27 programs, then, sir, it comes across to me as being  
28 rather strange that the Department -- that the  
29 Honourable John Munro would be opening their luncheons.

30 THE CHAIRMAN: Well, I am going to say



1 something just because I know the importance of  
2 candor in this whole field, and I want to say  
3 something to impress upon you, if I may -- it is off  
4 the record.

5 --- (Discussion off the record)

6 MISS WHITNEY: Sir, if I, or, I knew  
7 a group of people who would be willing to put together  
8 some form of recommendations for an education program,  
9 where would it be directed?

10 THE CHAIRMAN: To Mr. Moore. You have  
11 got the yellow paper?

12 MISS WHITNEY: Yes.

13 THE CHAIRMAN: Good. I am glad you  
14 mentioned that, because we would be very pleased to  
15 get your ideas, including any elaborations of the  
16 comments you made today.

17 MISS WHITNEY: It was sort of rushed,  
18 because I just did it.

19 THE CHAIRMAN: Thank you very much.

20 There's a lady at the microphone.

21 THE PUBLIC: Yes. I just wanted to  
22 add another comment to Miss Whitney's remark in  
23 reference to the shortage of jobs situation, because  
24 in the helping field, we are not looking forward  
25 to this summer in London. There are many young people  
26 who are using drugs in our community and with jobs  
27 being as they are, a lack of jobs for young people  
28 in our community, the only thing that young people  
29 can do that would gain them money very quickly is to  
30 deal drugs. This is a reality -- that many young



1 people are getting into the business of dealing and  
2 pushing, simply because they can't find any legitimate  
3 ways of earning some extra cash. And, I don't think  
4 this is something you can moralize too much about;  
5 it's a reality.

6 THE CHAIRMAN: Anything else?

7 Well, I think, then, I will declare  
8 this hearing in London terminated, and thank everyone--  
9 or, this phase of the hearing -- we are having another  
10 meeting tonight -- thank everyone for the reception  
11 that we have received here, and the assistance we have  
12 received.

13 There is to be a meeting tonight, a  
14 special meeting with the youth of London, and  
15 Professor Gregory Morley, Professor of Law at the  
16 University of Western Ontario, at the London Public  
17 Library, and it has been requested that the press not---

18 MISS WHITNEY: And the R.C.M.P.

19 THE CHAIRMAN: ---the press not be  
20 present. I am asked to make that announcement.  
21 It is requested the press not be present.

22 THE PUBLIC: Would you also request  
23 the R.C.M.P., sir?

24 THE CHAIRMAN: Yes, well ---

25 THE PUBLIC: Especially Dave Tenent.

26 THE PUBLIC: Especially Dave Tenent.

27 THE CHAIRMAN: Well, you have made that  
28 request.

29 Thank you.

30 --- Upon adjourning at 6 p.m.









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COMMISSION OF INQUIRY  
USPO PM  
NON-MEDICAL USE OF DRUGS

COMMISSION OF INQUIRY  
SEA LUGEN AND DRUGS  
A SEA LUGEN DRUGS

AM 12, 1975  
LONDON, ENGLAND  
LONDON, ENGLAND



COMMISSION OF INQUIRY  
INTO THE  
NON-MEDICAL USE OF DRUGS

COMMISSION D'ENQUETE  
SUR L'USAGE DES DROGUES  
A DES FINS NON MEDICALES

BEFORE:

Gerald LeDain,	Chairman,
Ian Campbell,	Member,
H. E. Lehmann, M.D.,	Member,
James J. Moore,	Executive Secretary,
Marie-Andrée Bertrand,	Member,
J. Peter Stein,	Member.

RESEARCH:

Dr. Charles Farmilo,  
Dr. Ralph Miller.

SECRETARY TO THE CHAIRMAN:

Vivian Luscombe.

May 22, 1970  
London Public Library  
LONDON, Ontario





1 ---Upon commencing at 7:35 p.m.

2 THE CHAIRMAN: Could those of you in  
3 the back sit a little closer to us? We feel a little  
4 closer to you. It gets so far away there.

5 Now we have got a problem. How can  
6 we move this mike around in a convenient way? We have  
7 got two of them.

8 We have two of them now. We have  
9 three of them. Can't we get one away and get it out  
10 in the center a bit?

11 I wonder if we could bring those  
12 other mikes around a bit? You can't get out of the  
13 aisle--I mean you can't get out of the row easily.  
14 We can probably hear. The main thing is, you see,  
15 to be audible enough for the recording.

16 Go ahead, Beverley.

17 MISS WATT: Mr. LeDain, we would like  
18 to present you and the Commission with a present. And  
19 the history of this flag goes back to the grass famine  
20 in 1969, and this is the international Canadian Flag  
21 to legalize marijuana and we have a little inscription  
22 on the side for you, a couple really. It says,  
23 "Spring is here, the grass is---

24 THE PUBLIC: "Spring has sprung, the  
25 grass is ris; I wonder where the R.C.M.P. is." It also  
26 says, "Made in Canada" and, "May we smoke in peace".

27 THE CHAIRMAN: We will take that  
28 as an Exhibit.

29 Mr. Secretary?

30



1 THE CHAIRMAN: Well, we haven't  
2 got any fixed program tonight, but it is an informal  
3 session in which we want to hear from you. You know  
4 enough now about our terms of reference I am sure.  
5 I don't have to spend time with an introduction.  
6 And so we would like to have a discussion with you  
7 tonight about drug use and what you see to be the  
8 problems.

9 I would just perhaps remind you of  
10 the three main things we are asked to look at; the  
11 effects, extend and patterns of use and reasons.

12 And by reasons, not just the personal  
13 motivation, but the whole social context, the meaning  
14 of it, what is its real significance and then what  
15 should we do? I mean what is to be the attitude of  
16 our society towards it? What is a sound social policy  
17 on this subject? So just someone kick off and we  
18 will have a good discussion and get the benefit of  
19 your experience.

20 DR. LEHMANN: Perhaps I could add  
21 one thing; how should society react to it? That perhaps  
22 we could get from you some suggestions as to how one  
23 might get society to react the way they should react;  
24 in other words, an educational program for society.  
25 We are always talking about the educational program  
26 that society is going to administer to the youngsters,  
27 six or seven straights. <sup>What</sup> about the other way around?  
28 Have you any suggestions how anyone should go about  
29 getting the Canadian public to get the attitude that  
30 you think is a reasonable one and a desirable one?



1 Or is it hopeless?

2 THE CHAIRMAN: Yes.

3 THE PUBLIC: I don't think you are  
4 going to be able to. I think not the same way the  
5 kids are.

6 DR. LEHMANN: Not the same way.

7 THE PUBLIC: Because they educated  
8 themselves. You won't be able to. You will have  
9 to wait until they die, and for me, you know, that is  
10 the (only) thing.

11 DR. LEHMANN: So it is hopeless.

12 THE CHAIRMAN: Do you think that is  
13 justified, the view of our generation, that it can't  
14 learn, I mean that it can't adapt. They talked a  
15 lot this afternoon about a generation gap. Well, we --  
16 our generation probably had some difficulty with  
17 communication with their parents and we probably  
18 forget it now, but we had the same problem with  
19 different experience. Why do you feel that we can't  
20 learn? I am sure we can learn. It  
21 is a matter of will and, you know, desire to learn,  
22 and when you talk about alienation, a lot of members  
23 of our generation feel some alienation too you know.  
24 They feel the problems of the highly technological  
25 class, the industrial society, their own threat to  
26 their own intellectual vocational capital, whether  
27 they are going to be able to keep up with it whether  
28 they are going to be able to hold their jobs, whether  
29 it is worthwhile to put so much time in it. There  
30 is a lot of common ground, you know, here. Don't you





1 feel that you should try?

2 THE PUBLIC: Are you going to try to  
3 educate a dog not to bite somebody? I mean, you know,  
4 it is the same you are saying that.

5 THE PUBLIC: I think part of the  
6 problem is that right today we feel like although  
7 you are capable of learning, most social agencies  
8 and most law enforcement agencies, most adults  
9 are not willing to learn; they are not willing to  
10 accept our value systems; they are not willing to  
11 accept our life styles. What they are saying is that,  
12 "You are a small minority you have a life style which  
13 is different from ours, therefore, your life style  
14 is wrong. We will not accept your life style; we will  
15 not listen to you. You are just a minority; you will  
16 grow out in time". What we are saying is we have  
17 developed our own values and what you must realize  
18 is that even commissions such as yourself are going  
19 to have to realize that in order to really confront  
20 a drug problem which is not just a drug problem,  
21 which is even more (inclined to be) a social problem,  
22 you are going to have a commission such as yourselves  
23 made up of kids we can really identify, you know.  
24 Like you seem pretty good. Like I have a certain  
25 amount of respect for the LeDain Commission. That  
26 at least you are trying. But the thing is  
27 what the LeDain Commission should be is a Commission  
28 maybe in Ottawa with a Commission of freaks going  
29 around to each of the towns. They shouldn't be  
30 going around, a Commission of freaks, because people



1 aren't going to open up to you as much as they would  
2 open up to other people; they can really identify.  
3 I think part of the problem right now is part of  
4 the credibility and communication gap. And when you  
5 have people like the type of policemen we have here,  
6 like Tenent, like living with you for a couple of  
7 months and then busting you, and like you know a  
8 thing where he has been balling a fourteen year old  
9 chick, right, that type of thing, you have no respect  
10 for the law, and you have no trust for adults to  
11 the extent where you can hardly trust anyone. And that  
12 is why I don't think kids are going to fully open up  
13 to you. They maybe a little more opening up here,  
14 but I don't think the LeDain Commission can possibly  
15 be fully effective because things like the things  
16 in the afternoon session this afternoon, the morning  
17 session also, the people who were really involved in  
18 the drug situation don't really open up at that type  
19 of meeting.

20 THE CHAIRMAN: Incidentally, I should  
21 just say, and remind you, that we are able to hold  
22 private hearings, withhold the identity and take  
23 evidence anonymously and hold the identity of any  
24 witness and we have had a number of those and also  
25 we have received quite a lot of mail and it can be  
26 anonymous and you could send us, you know, things  
27 through the mail. I would just mention that.

28 THE PUBLIC: I think one of the  
29 things you have got to look at is right in London  
30 there were people like--well, there is a Board



1 that has set up a fantastic program; what they have  
2 got is crisis centres and all sorts of things. And  
3 what happens every panel discussion they have had  
4 the kids who have been involved with the drug scene  
5 who said, We aren't going to go to your crisis  
6 centre, if as soon as we go to your crisis centre you  
7 are going to go back to our school principal or back  
8 to our school teacher who aren't really going to  
9 understand the problem. What they are going to do  
10 is be very heavy on us and don't understand us". What  
11 has happened is they have been for months now, going  
12 to panel discussions and they have been told this  
13 is not going to work at the crisis centre as the  
14 present school system is, and they will not listen,  
15 you know, and this is why kids feel like the adults  
16 just do not listen. They feel like, well, we have  
17 got a plan, right, and like don't make any waves.  
18 We are going to use our plan and that is all we are  
19 going to do. Like you can tell us it isn't going  
20 to work because the crisis centre is---

21 THE PUBLIC: What crisis centre  
22 are you talking about?

23 THE PUBLIC: You know which crisis  
24 centre I am talking about, Bev.

25 THE PUBLIC: No, I don't.

26 THE PUBLIC: The School Board crisis  
27 centre things. What happens at that crisis centre is  
28 as soon as you go to a crisis centre with a drug  
29 problem it immediately goes back to your school.  
30 I don't think that is feasible with the present





1 educational level of the teachers in the schools. They  
2 just aren't understanding enough. I mean maybe at  
3 the schools there will be one teacher who is  
4 understanding enough to understand a drug problem,  
5 but the majority of them are not, and the principals  
6 in most schools are not and most kids in schools  
7 with a drug problem aren't really going to go  
8 to a crisis centre if they know the information goes  
9 right back to their school.

10 DR. LEHMANN: Is this a problem  
11 that the information goes back to the school or is  
12 this what you think?

13 THE PUBLIC: It is true, I have  
14 talked to kids.

15 DR. LEHMANN: Is that the plan?

16 THE PUBLIC: That is the plan.

17 THE PUBLIC: That is the plan. I  
18 have talked to kids that have come over to the A.R.F.  
19 and told me that they want to see this particular  
20 group of psychologists and not only has it gotten  
21 back to the school, but people's parents have been  
22 informed.

23 DR. LEHMANN: And the kids are not  
24 told that?

25 THE PUBLIC: You can't expect kids  
26 to open up if that is what is going to happen to them.  
27 Like what they are talking about now is opening up  
28 the school records to employers, right? If I had  
29 a speed problem when I was in 10th grade, do you  
30 think some employer is going to hire me? Even if it



1 was just like a minor problem, like even if I were  
2 just on speed a couple of times and had some kind  
3 of an emotional problem and I went to a crisis centre.  
4 Like I know darn well, if I go to a crisis centre,  
5 it is like screwing up the rest of my life.

6 THE PUBLIC: There is another thing  
7 about some kids going to Oakridge. There is a list in  
8 the office about the heavy drug users and his is  
9 right at the top, and his locker is rifled about  
10 every once a week, you know, he changes the lock but  
11 that doesn't help. What difference does it make when  
12 you have spies within the school system who are  
13 watching you all the time?

14 THE PUBLIC: The teachers are being  
15 told that, you know, like to help these kids what  
16 they should do is if they see a kid who is doing  
17 drugs, or they think this kid is doing drugs, you  
18 know, well tell the office and the office will phone  
19 the R.C.M.P. and they will come in. Because it is  
20 happening at schools all across the city and the  
21 whole system is like -- they are talking like the  
22 little illusions, like the teachers are like your  
23 big brother type of thing and the principal is like  
24 your father, and like he is really a cool cat. And  
25 they aren't. Like you are running around and they are  
26 just out to screw you, the whole thing is.

27 DR. LEHMANN: But why would they  
28 want to do this? Why would they be out to screw you?

29 THE PUBLIC: Well, it is not like --  
30 the thing is they are setting up this whole system,



1 like the schools are there to help you and it is just  
2 the way they are set up. Like Howie said, there is  
3 good  
4 a lot of/school teachers but they can't bug the  
5 administration and whenever teachers start --  
6 whenever a teacher starts getting ideas or something  
7 that could help the kids, you know, like he has got  
8 to go through the administration and if the administra-  
9 tion says no, that is just it because that teacher  
10 has got a future, and he can't just throw his future  
11 out the window because he has got responsibilities  
12 too. So the kids are just left back where they were  
13 before running up against a wall. Like the kids  
14 can't trust the teachers and maybe if they could,  
15 there could be something. That is the whole thing.  
16 It is just like our whole education system isn't  
17 planned on interest, it is planned on what we should  
18 be interested in. The students aren't cultivated,  
19 they are dictated to. You can sit in a class for  
20 eight hours a day, you know, and sit, man, listen  
21 to a different cat lecturing you in something you  
22 already know, write an exam and get 75 on it, you  
23 know, why did you have to sit in class? Why couldn't  
24 you be out and cultivating yourself in something you  
25 are interested in. That is the whole thing. Like  
26 they are too interested in saying, you know, "We want  
27 (inaudible)  
28 you to be ~~W. J. P.~~ and stereotyping you.

27 MR. STEIN: What type of thing are  
28 you interested in?

29 THE PUBLIC: Political science.

30 THE CHAIRMAN: Is that something you





1 are interested in?

2 THE PUBLIC: Yes.

3 THE CHAIRMAN: You would agree you  
4 would have to do some systematic study of the subject  
5 though? You have to develop some backgrounds  
6 of knowledge in it.

7 THE PUBLIC: What, in political  
8 science?

9 THE CHAIRMAN: Yes, if you want to  
10 make it your career?

11 THE PUBLIC: Oh yes, but like I am  
12 going to high school now, and like the economics  
13 and stuff, I am interested in economics, but the  
14 economics is -- like I have to listen to some cat  
15 lecturing me on like stock markets and stuff, when  
16 I could be out reading about something like I could  
17 really be interested in. Like I can write their  
18 exams and still pass them, but I still have to sit  
19 and listen to him on something I already know, and it  
20 is like that a lot and that is why you are getting a  
21 lot of drop-out rate.

22 THE CHAIRMAN: I want to understand  
23 what the objection to the educational system is  
24 because this has come up a lot and we have been given  
25 the impression that it is quite a serious matter in  
26 the whole picture that we have to look at. Now, what  
27 is it that your -- I mean you are not objecting to  
28 the discipline of having to attend classes in a  
29 certain range of courses to develop a certain breadth  
30 of educational background, are you? I mean you are



1 not objecting to the formal educational system, are  
2 you? When I mean discipline, I mean the educational,  
3 intellectual part of it.

4 THE PUBLIC: With me in school --  
5 like I would like to be able to go to school and if  
6 you have got a teacher up there in front of you  
7 lecturing you and you don't agree with him, I would  
8 like to be able to say, "I disagree with you, "and  
9 be able to put down my own views without him saying,  
10 "No, that is not right, these are the views, you  
11 right them down on the exams if you want marks."

12 THE CHAIRMAN: You don't have an  
13 opportunity to express your own views?

14 THE PUBLIC: It is things like --  
15 all right, something simple, it is like an analogy  
16 of a poem, all right? You get an English teacher  
17 up there, and they say this is <sup>an</sup> analogy of a poem, his --  
18 yours maybe completely different but you have got  
19 to write down his if you want marks in school.

20 THE CHAIRMAN: Would you say this  
21 is a general criticism, is this generally valid as  
22 a criticism?

23 THE PUBLIC: Well, I think so.

24 THE CHAIRMAN: Do others agree with  
25 this criticism?

26 THE PUBLIC: No.

27 THE PUBLIC: Yes.

28 THE PUBLIC: No.

29 THE CHAIRMAN: Is there some dissent?  
30 Who said no?



1 THE PUBLIC: I think it is more  
2 like you are going about the line of English and an  
3 analysis. It is not to -- ordinarily in a story or  
4 a play you don't have to put down his point, you  
5 have to put down your own point of view, and back  
6 it up sufficiently, so he can believe<sup>it</sup>/or so he can  
7 see the roots of it.

8 THE CHAIRMAN: Any other qualifications  
9 on that statement or dissent?

10 THE PUBLIC: A couple of weeks ago  
11 I wrote a history test and when I was asked -- I  
12 wrote a history test a couple of weeks ago and was  
13 asked for the interpretation of history as defined  
14 through the fall of the Roman Empire. I put down  
15 Marx interpretation of class warfare and documented,  
16 I thought it fairly well and got zero.

17 THE CHAIRMAN: Was there any comment?

18 THE PUBLIC: It was wrong.

19 THE CHAIRMAN: No explanation?

20 THE PUBLIC: No, we had been  
21 studying it all week and he had given us several  
22 documents to study by different historians and I  
23 didn't agree with any of them and put down Marx  
24 view and got zero because it wasn't one of the views  
25 that we had studied.

26 THE CHAIRMAN: You know, could we  
27 take those floor mikes off their pedestals there and  
28 we could move them around a bit?

29 THE PUBLIC: You know how they train  
30 animals to attack, you know, they teach





1       them to attack in different ways, like food, saliva  
2       or something like that. Well, I was sitting on the  
3       mall steps and I happened to hear this bell and it  
4       gave me flashbacks of public school and it freaked  
5       me out because I realized that when that bell happens,  
6       you know, for recess what I had been involved with in  
7       the classroom was wiped out of my head completely.  
8       It just pissed me off, that, you know, we are sitting  
9       in this classroom and as soon as the bell sounds that  
10       means that we are free to do what we want for about  
11       three minutes until we get to the next class, you  
12       know?

13                       THE PUBLIC: I don't think a kid is  
14       ready at the end of grade 8 to decide what they want  
15       to do for the rest of their life and you will have  
16       to decide at the end of grade 8 whether you want to  
17       go into a four year course, or a five year course.  
18       A four year course leads to the working world and  
19       a five year course leads to university. But if you  
20       want to quit at the end of a five year course and  
21       go out to work you have got nothing. And if you want  
22       to quit at the end of the four year course and you  
23       want to go to university you have got to make up years.  
24       So how can a kid at the end of Grade VIII decide what  
25       they really want to do with their life? And this is  
26       one of the biggest problems. I mean I have seen kids  
27       go all the way through to grade 11 and decide they  
28       want to take an art course.

29                       PROFESSOR BERTRAND: What would you  
30       suggest? What would be, you think, the right way of



1 approaching this sort of personal choice in life of  
2 a career, of an orientation? How could we proceed?

3 THE PUBLIC: Well, I think that the  
4 kids today should -- I think the curriculum in high  
5 school should be the same. From high school--either  
6 they could go to work from the high school course  
7 or they could go into university with the same  
8 knowledge, but this way you can't, the way the courses  
9 are set up.

10 PROFESSOR BERTRAND: So if I under-  
11 stand you correctly, you are saying that the course  
12 should be set up in such a way that everyone could be  
13 free to either -- to go on or if he likes ---

14 THE PUBLIC: Right.

15 PROFESSOR BERTRAND: No terminal  
16 sort of ---

17 THE PUBLIC: No.

18 THE PUBLIC: I think we have to set  
19 up a more flexible system than education. What  
20 happens is the structure we have now is completely  
21 inflexible. The skills a person has when he reaches  
22 grade 9 in this country are very limited and some are  
23 really poorly developed and I think we should approach  
24 education with a thing of dividing things in which  
25 skills are learned and things in which appreciation  
26 of, say, history, art, and other things are learned.  
27 And by the time a person reaches high school he should  
28 have learned how to handle his time so that he can  
29 learn what he wants; he can set up his own classes  
30 and courses.



1 THE PUBLIC: I was going to be at a  
2 private school at the first of this year with the  
3 plans of taking two years in one, and I was forced to  
4 drop out of school because I couldn't afford to pay  
5 the money like to take only one year because the  
6 Board of Education has something that says you can't  
7 take two years in one unless you are over 19 years  
8 of age.

9 THE PUBLIC: Because you are not  
10 considered a mature student.

11 MR. STEIN: A few years ago in  
12 Vancouver I was involved with a group of young  
13 people who started a free school. And one of the  
14 problems, and these were people who had dropped out  
15 of high school and decided that they would organize  
16 their own school. And after approximately a year  
17 one of the major difficulties was that there was a  
18 real inability to get beyond the negative assessment  
19 of the public school that they had gone to. In  
20 other words, there was just a preoccupation of how  
21 lousy the school had been that they had gone to and  
22 when they were suddenly in their own house -- they  
23 had rented a house, there were about twelve - sixteen  
24 people with all kinds of resources in Vancouver  
25 available to them and they couldn't come to terms  
26 with what they wanted to do. Now out of that came a  
27 variety of other efforts and one of the things that  
28 happened was that some students went back to the  
29 high school and decided to set up seminars supplementing  
30 the regular school program. In other words, after the





1 hours of the school, and not all of the principals  
2 went along with this, but they came in and suggested  
3 to the principals, "Look, we would like to study  
4 Japanese", or "We would study Marxism", or whatever it  
5 happened to be and, "Can we use the facilities here".  
6 Is this kind of possibility considered by any of you,  
7 in other words, trying to come up with alternatives  
8 within the school structure?

9 Well, or free school for that matter.

10 THE PUBLIC: It is almost virtually  
11 impossible within the system right now mainly because  
12 in all areas--like where kids or even people have  
13 tried to use the school facilities, even though  
14 like Ernie McTavish has really tried, the main  
15 thing that comes up from the Board is, "Well, we will  
16 have to pay custodial people to clean up after for  
17 time and a half," and they seem to get back to the  
18 problem that they just don't have the money to keep  
19 the schools open after school.

20 MR. STEIN: Perhaps the reason I  
21 brought it up is that these were the initials  
22 mechanical problems in Vancouver and they exist in  
23 almost every district, but there seems to be some  
24 more readiness than they have expected on the  
25 part of officaldom to respond to a program if it  
26 is presented--in other words, that the program  
27 with a content so that someone can look at it and  
28 and, "This is what you want to do". I mean has it  
29 been tried here is what I really wondered? Has  
30 there been an effort to try---



1 THE PUBLIC: I don't know, but I  
2 would like to know how old were those students that  
3 started the free school?

4 MR. STEIN: The group I am thinking of  
5 were 16 and 17.

6 THE PUBLIC: Well, by the time you  
7 are 16 or 17 and you have been through a structured  
8 school system where you are used to being told what to  
9 do, and you are suddenly given to opportunity to do  
10 something on your own, the chances are you have  
11 forgotten how. And what is needed is to start with  
12 very young children who are naturally curious and who  
13 will get into things, and as it is now, generally  
14 they are told, "No, no, no". Now, I think there are  
15 a few---

16 THE CHAIRMAN: I am glad we barred  
17 the press tonight. (In response to placing the marijuana  
18 flag on the stage.)

19 THE PUBLIC: I think there are a few  
20 basics everybody has to learn and one of which is  
21 language and probably some mathematics, and then they  
22 also have to be taught how to live such as, you know,  
23 things like how to use a library or how to obey street  
24 signs or told the functions of street signs. And  
25 apart from that sort of thing the kids from a young  
26 age will start learning on their own. By the time  
27 they are 16, it is probably too late to get into the  
28 free school situation.

29 THE CHAIRMAN: Yes? The lady there.

30 THE PUBLIC: In our school we had a



1 talk today on the whole day -- like the whole day --  
2 it was a Wednesday and there were several seminars  
3 set up, right? And there was a philosopher and all  
4 the group and there was a big thing on drugs or  
5 something like that -- related to that and there was  
6 civil rights there and feminist movement and there  
7 was a whole bunch of topics that you could go to. And  
8 like this was really good except that half of the  
9 kids, well, they would go for role call and then they  
10 would leave for the rest of the day. They would say  
11 that, "This is a bunch of crap I don't want to go and  
12 be bored for an hour and a half, and like it is too  
13 bad. Because like it was good for the kids who were  
14 interested, but the school was really upset about  
15 well, you know, "If nobody comes we are not going to  
16 have any more of these things," and like if it works,  
17 if you had a school where kids were really interested,  
18 but like half the kids don't give a damn.

19 MR. STEIN: Who organized that? Was  
20 it organized by the school or the students?

21 THE PUBLIC: It was by the students  
22 which was a good idea because it ran fairly well.  
23 And like I am sure a lot of kids went, but you know --  
24 and like if we could have more things like this it would  
25 be great, but I don't know what you could do for the  
26 kids who didn't want to know. I guess just forget  
27 them and let the interested ones go.

28 THE PUBLIC: I would like to give  
29 an example of a teaching system that I think has more  
30 poise to it than anything I have ever studied. I don't





1 exactly know when it was in effect -- it was in the  
2 fourteenth century or around there but it didn't last  
3 too long.

4                   The whole classroom -- there was no  
5 division of classes or age. There was just one big  
6 room and there was one teacher and he was respected --  
7 he was respected as a teacher, not the sort of respect  
8                   to have  
9 that we sort of have/for our teachers nowadays. There  
10 was four levels, I think, which were more or less  
11 understood among the children themselves, I mean  
12 like Grade 1, 2, 3 and 4. The fourth level kids  
13 were the kids who were intelligent enough to ask  
14 questions, and therefore they would communicate with  
15 the teacher. The third level of kids were ones who  
16 were just getting out to that level of asking questions  
17 so therefore a little information would filter  
18                   from  
19 down to them / the fourth level kids and so on,  
20 right down to the first level kids. And what would  
21 happen with him is that when he first came into the  
22 class he wouldn't know why he was there. And it may  
23 seem strange, but he was told that he was stupid at  
24 first, you know, we are shown this in our schools  
25 nowadays but it is rather a sneaky way. I mean the  
26 child realized this, he didn't get up tight for  
27 people making decisions for him that are continuous.  
28 He realized that. There were things he didn't know.  
29 So I think that idea of letting kids teach themselves,  
30 you know ---

THE PUBLIC: Could I just ask one  
question where they are talking about educational



1 alternatives, the people who are looking for  
2 alternatives in education, do they see in a relationship  
3 between the existing educational system and certain  
4 drug habits?

5 THE PUBLIC: I think that maybe we  
6 have got a small group of people here who either use  
7 I would presume that most of us have used drugs at  
8 one time or another, and in my experience with the  
9 non-drug user and with the person who doesn't drop  
10 out of school, and a majority of the people who just  
11 fit in, are the ones who don't ask questions and are  
12 the ones that have just become a part of this machine  
13 which is destroying our civilization; it is destroying  
14 and could bring / <sup>down the</sup> extinction of the species. And  
15 even if smoking dope once in a while makes you ask  
16 questions, and I think we are asking very important  
17 questions here, and I think it could possibly, you  
18 know, result from either smoking marijuana or  
19 experiencing a drug experience or the type of person  
20 who would become involved with drugs is like a  
21 curious person and I don't think you would find a  
22 bunch of regular, ordinary, straight type people  
23 sitting around discussing issues. They are too worried  
24 about their car; they are too worried about where  
25 they are going to get all their clothes to impress  
26 their neighbours and they are too worried about a lot  
27 of things that really don't make much difference  
28 when it comes right down to the basics. I won't  
29 say that it is a direct result of drug use but I can  
30 see where it is associated. Most of the people who



1 are protesting, most of the people who are asking  
2 what I consider valid questions, and maybe not going  
3 about it in the right way, are the people who are  
4 maybe involved to some extent with the use of drugs  
5 and maybe you can't, you know, make it a clear cut,  
6 everybody who uses dope is smart and asks questions.  
7 But I think through observations it shows that the  
8 people who are involved in this are more concerned  
9 about what is happening and I think that there might  
10 be some relationship <sup>there</sup> / whether it is a result of a  
11 drug, or whether it is just the type of personality  
12 that asks questions also uses drugs to a certain  
13 degree. And maybe now to get back into an  
14 educational type thing about drugs if it was possible  
15 to wipe out that word "drug", because it frightens  
16 an awful lot of people, and as soon as you mention  
17 the word "drug" right away a lot of doors close and  
18 nobody wants to discuss it and I consider marijuana  
19 an alternate social intoxicant as compared to  
20 alcohol. And other members of the Commission would  
21 remember the women in Hamilton last week who said  
22 their generation doesn't consider alcohol a drug.  
23 And this is why, you know, it is accepted, because  
24 it doesn't have this drug connotation behind it. And  
25 if somehow we could use another word, or lift this  
26 word out, because I think "drug", the word "drug"  
27 closes a lot of people's minds and they think about  
28 a lot of things that aren't generally associated  
29 with the use especially of marijuana and hashish,  
30 which is, I think, what most of the people in the room





1 are concerned with, and which is really the only  
2 alternate social intoxicant and this is how it  
3 should be treated and the way people should realize  
4 that this is / <sup>all</sup> want it to be and the people -- if  
5 they could realize this, and all the people that are  
6 ~~and~~ if they could smoke dope once I think that  
7 would change a lot of your ideas, like get them  
8 stoned and it might do something.

9 DR. LEHMANN: Would you recommend ---

10 THE PUBLIC: I think I am sensing  
11 a basic situation here. First, I don't think you need  
12 drugs to react against what is a very fragmented  
13 screwed up world in concluding the whole educational  
14 system, which is a very fragmented system, including  
15 the way we split up children into chronology to go  
16 through grades. I think one of the first theatres  
17 of this generation gap or one of the first theatres  
18 of confrontation is between the kid and one or two  
19 parents. But to throw in a little straight line here,  
20 historically, you know, it wasn't probably until the  
21 coming of the railway that we had the phenomenon of  
22 the ma and pa and the kids. Where is my friend back  
23 there? I think sort of the educational the chap back  
24 there brought forth was a kind of mediaeval structure  
25 where kids could communicate ~~vertically~~ rather than  
26 just horizontally which I think we are probably  
27 moving into again under sort of electronic conditions.  
28 I don't think it is enough just to have a confrontation  
29 between the child and the parents. I think in the  
30 sort of pre-industrial days there was always the



1     uncle around, there was always a grandfather or some  
2     sort of a far distant removed relative where some  
3     stimuli and information could be quite varied rather  
4     than the sort of back and forth confrontation  
5     between the parent and the child, and this is it.  
6     Either the child gets out of the house, or it is  
7     intolerable.

8                   THE PUBLIC: I would just like to  
9     say that the kids today that sit in the classroom  
10    and really don't have anything to say on it aren't  
11    involved at all and in trying drugs and experimenting  
12    they become involved and it is the first thing that  
13    they have ever really done, you know, taken part in.  
14    And the way the system is now there is too many kids  
15    and not enough teachers, and the classrooms are too  
16    big and there is no personal, you know--I don't know.  
17    Well, that is what I wanted to say.

18                   THE PUBLIC: I think that for a while  
19    now, we have gotten ourselves into this system of  
20    "I am older, therefore I am wiser than you." And  
21    especially with the drug situation I don't think  
22    that works at all. Maybe we don't know anything more  
23    than the older people know about drugs, but I think  
24    we are more receptive and we aren't stuck in here.  
25    And I think one of the major things that is causing  
26    the generation type gap, or the confrontation, and  
27    especially in the United States, and I pray that  
28    situation never occurs in Canada, it seems that  
29    there is a fear on the part of the older people  
30    that these kids are taking over everything that we



1 have done and I think they are afraid of the younger  
2 people, and when you are afraid you fight. And there  
3 is an extreme radicalism. You are either left or  
4 right; you are either old or young and nobody can  
5 really communicate because everybody down there es-  
6 pecially is afraid. And there are instances -- I don't  
7 know whether you read Rolling Stone. It is a rock  
8 newspaper. And in the letters to the Rolling Stone  
9 they mention dope quite a bit. There is a section  
10 in the paper about the drug situation from an  
11 underground point of view. And letters that have been  
12 submitted express a fear that the arrests and the  
13 hassling of long haired people who use dope has been  
14 compared by these people to the persecution of the  
15 Jews in Germany before and during the Second World  
16 War. And perhaps this isn't an accurate comparison,  
17 but this is how the young people are feeling, that  
18 just because they smoke dope and they have long hair  
19 you want to shoot me to a concentration camp which  
20 has been -- people have stated this, "Maybe we should  
21 ship all these long haired freaks to a concentration  
22 camp," and I think we can learn from that country's  
23 mistakes. I think it is practically dead as an  
24 American civilization and if we can study them as  
25 a section of history right now, well that is the  
26 way the United States was, and we will learn from  
27 their mistakes. And I don't think in the United States  
28 you could come close to what we have got here  
29 where a government organized commission is studying  
30 the problems like this with the communication you





1 people have managed to develop during your studies,  
2 and I hope this keeps up. And if everybody, or if  
3 more people would lose their fear of listening to  
4 the young people and could accept them and learn from  
5 the young people and not just try and teach them,  
6 that maybe we could get somewhere. I don't know  
7 where we would get, but it would be better than what  
8 we have got now, and I think that this is a start  
9 and I hope it continues and I hope it does at least  
10 some good.

11 THE PUBLIC: And as long as the  
12 police, especially like in London, like where we  
13 are having this big problem with the new drug squad,  
14 with the city morality, as long as Tenent and all  
15 his friends are getting kids with grass, busting  
16 kids with grass and saying to them, "Now, if you  
17 inform and you give us names of people and you help  
18 us, we won't bust you, "As long as this is going on,  
19 as long as the morality squad are kicking in doors,  
20 and smashing kids around and as long as Tenent and  
21 all his friends are pressuring this town and trying  
22 to make deals and there is a lot of kids saying like  
23 recently in the last two weeks that, "I didn't know  
24 dope was in my house; I never saw it before; I think  
25 Tenent put it there. As long as the kids are  
26 up tight-- like at law enforcement and like at  
27 authority, you are never going to get anywhere. I  
28 think the whole thing has to be honest on both sides  
29 of the fence, that as soon as the police -- as soon  
30 as the police start treating people like human beings,



1 and if they do want to exercise their Writ of  
2 Assistance then they should knock on the door and be  
3 admitted. Well, when things like this start happening,  
4 I think kids will start listening. But until then I  
5 don't figure that the kids are going to listen and I  
6 think it is just going to keep on going the same. As  
7 long as kids are afraid to stand up and say, "you know,  
8 so and so did this to me, Since last summer there  
9 have been more kids stopped and harassed than ever  
10 before in London. At one time it was even worse  
11 comparable to Toronto, and the only thing we have  
12 come up with and this is sort of in the way of an  
13 announcement, is that Greg Morley is leaving for  
14 Ottawa and some of you may or may not have met him.  
15 Before he goes he is setting up a thing with five  
16 lawyers and some law students and it is a committee.  
17 The only name we could sort of come up with was  
18 Youth Justice and if anybody-- dig it--if anybody gets  
19 stopped or in any way anybody gets hassled  
20 we want you to write down exactly what happened.  
21 Like when you were stopped. When they stop you ask  
22 them for their badge numbers, write down exactly  
23 what happened and submit it, and only that way --  
24 we will write them a letter, make three copies,  
25 one we will keep in our files, one we will send to  
26 Findlay Carroll and the other one we will send to the  
27 Department of Justice, and it is the only way.  
28 We have got to pressure; we have to play all these  
29 games so we can get Dave Tenent off the force when  
30 everybody knows where he is at I think it is pretty



1 sad.

2 THE PUBLIC: I have got one that could  
3 go down on the files. The other night I was walking ---

4 THE PUBLIC: Stand up.

5 THE PUBLIC: I happened to have this  
6 gelapo which is a robe. A friend of mine brought it  
7 back from Morocco you see. Anyway, I noticed that  
8 somebody was following me for about two blocks and  
9 I knew who it was. I didn't have to look around.  
10 Anyway, I heard this voice say, "Do you know the  
11 way to the Friar's Cellar?" You know, big joke,  
12 so I laughed. Anyway he says, "What do you have  
13 underneath that robe of yours?" I said, "Why, aren't  
14 you over curious?" you know. And he says, "Well,  
15 you don't have to answer my question, you just keep  
16 on walking but that will never get you anywhere."  
17 I said, "That's about right." So another two blocks  
18 and here he was waiting for me. So what I did,  
19 I lifted up my robe and showed him what I had.

20 THE PUBLIC: And Tenent got off.

21 THE PUBLIC: It seems to me that  
22 this drug thing that has happened is a reaction  
23 to two basic elements in our society which the  
24 school system perpetuates as well as sort of every-  
25 thing else and those are sort of sterility and  
26 unreality and the sterility sort of manifests  
27 itself in the school in this way: we are being  
28 taught knowledge in a vacuum. It is a very unreal  
29 situation. You don't learn politics from a book,  
30 you learn politics from running up to Ottawa and





1 sitting on the steps and you learn by seeing what  
2 happens; you learn it from sitting here and talking  
3 to the LeDain Commission. You don't learn mathematics  
4 out of a book, you look at circles and you look at  
5 relationships. The sterility is sort of found in the  
6 way we fragment the world, you know, you go on a  
7 special class to learn how to draw circles and another  
8 class for geography, and this kind of thing, nothing  
9 sort of related. And the sterility is sort  
10 of very apparent. What does our culture have?  
11 Nothing really. We have fences in between our houses  
12 because we can't trust each other. We have bars  
13 where people go and get drunk out of their heads  
14 and they just sort of look at each other in sort  
15 of a dope paranoia. I mean what does our society  
16 have as a culture? Nothing but greenbacks. Okay,  
17 and the unreality ---

18 THE PUBLIC: It is a highly visual  
19 culture too. It is really dominated by the eye.  
20 You can't go past a pub or a drink place without --  
21 it is visually taken away from the rest of society,  
22 there are all these compartments and separate places  
23 where people who are very isolated sort of thing.  
24 It is right in the culture right from the top to the  
25 bottom.

26 THE PUBLIC: I think we should look  
27 at the drug problem as a reaction to sterility and  
28 unreality and that's all that is happening  
29 in school. I don't think we should worry about  
30 systems, just the way people are doing things, and



1       that is what I think has happened.

2                   THE PUBLIC: Well, I don't think  
3       that alcohol like really -- I mean I like grass and  
4       hash and things like that --- (portion inaudible)

5                   THE PUBLIC: I think if I could  
6       get back to the young people's paranoia to the police  
7       and the spies they send in, it happens a lot in  
8       Hamilton where, okay, we pick -- we pick up somebody  
9       in high school for possession and name five names  
10      and we will let you go. And like they will pick up  
11      somebody who has maybe been smoking once or twice  
12      and he is scared out of his mind when he gets  
13      arrested because mommy and daddy don't know that he  
14      does dope and nobody else in the school knows so he  
15      turns people in. Now, the arrest that I was involved  
16      in was a result of somebody informing on two of my  
17      friends, one of them who had been living with me  
18      until he could find a place of his own for about two  
19      weeks. And I have met other people who have been  
20      arrested as a result of informants and there is even  
21      a climate in -- especially on the street where, say,  
22      Joe Blow is informing. Well, I know somebody that  
23      can get him killed, and bike gangs in Hamilton,  
24      The Red Devils and Satan's Choice, and somebody is  
25      always telling you, well, "I know somebody on the  
26      Satan's Choice who will rip this guy off, and not  
27      just beat him up, but they will kill him." And I  
28      don't, you know, want to think that somebody who is,  
29      you know, in my generation would want to kill one of  
30      our members just because of this. And I think that,



1 you know, the police and the laws are driving us  
2 to this. It is sort of a "kill or be killed," it is  
3 a self preservation. Now perhaps it is just talk,  
4 but even the talk scares me, and there are some  
5 people who are violent prone -- or violence prone,  
6 and if you give them a good enough reason they  
7 are going to commit violence and there is nothing  
8 worse in the drug culture than somebody turning  
9 somebody else in. That is about as low as you can  
10 go and some people would be willing and would do  
11 physical damage, maybe not direct like right out  
12 and out killing that person, but would do grave  
13 physical harm to somebody else and we are being  
14 driven to this. It is maybe partly the fault of  
15 the people who are violently prone and the people  
16 who, you know, for a big thing, well, "I can get him  
17 killed". But even the people talking about it is a  
18 frightening situation, where I wouldn't inform  
19 on anyone because I just couldn't do it. But even if  
20 I thought I could do it I would be afraid and I would  
21 fear for my physical being if I informed on anyone.  
22 And this gets around and this is the situation where  
23 the laws right now are creating because we are  
24 causing violence among ourselves, like this sort of  
25 a revenge attitude, and, well, "He is working for  
26 the other side, we will snuff him out", and this is  
27 another breakdown of communication. And it is a  
28 result of the laws and of the treatment and of the  
29 law enforcement methods, and it is a shame that it  
30 has to be like this. And I wish people could, you know,





1 get it through their heads. Like I said this  
2 morning I have been told, "Well, I hope this has  
3 taught you a lesson and I hope that this will make  
4 you a fit member of society." And it is not doing  
5 it. And if anything, the arrest has made my stand-  
6 point even stronger, and I think any -- like the  
7 people I know who have been arrested and who have  
8 gone through it all, hasn't changed them one bit  
9 Some people I know push to pay for their court  
10 costs or pay their lawyer fees and it is  
11 something that they are not going to give up and  
12 a change in the law is needed because the laws  
13 you have got now aren't doing any good. And if we  
14 can see this -- I don't know exactly what changes  
15 will do the most benefit, but something different  
16 than what we have got now has to be.

17 THE PUBLIC: But even something  
18 that maybe worse than that, right, in terms of  
19 like Dr. Boyce, and I can't remember the doctor  
20 with him, had said that he had seen cases where  
21 university students and people that he had seen  
22 clinically were really paranoid, and like he blamed  
23 it -- he attributed this to the fact of marijuana,  
24 right? And I say, right, that how do we know,  
25 maybe these kids had a right to be paranoid, like  
26 the drug as it is recorded through history was to  
27 be used socially in a group of friends and how can  
28 you use it if you have got to smoke in the bathroom  
29 by a toilet, have four chains on your doors and be  
30 waiting for Dave Tenent to smash your front door in.



1 I ask you, like how can you sit down, like how can  
2 people -- like how do we know, right, that a lot  
3 of kids are brought to hospitals and I know this from  
4 records and from talking to Bill (Keyland,) and from  
5 where I work, right? How do we know like  
6 when kids freak on acid, if it wasn't for the  
7 facts the narcs threw them up against the wall, right,  
8 and they were already really stoned on acid that  
9 maybe they wouldn't have freaked if somebody hadn't  
10 really, really been doing it to them, right? And  
11 I think the one thing that I think Dr. Boyce lost  
12 this morning in his presentation was the fact that  
13 he attributed the paranoia to the drug. Well, maybe  
14 the paranoia is real. Maybe people aren't paranoid  
15 like for no reason.

16 THE PUBLIC: It is part of the  
17 culture.

18 THE PUBLIC: They don't need the  
19 drug. It is a big threat to know that you are  
20 sitting in your living room and you maybe have some  
21 people over and your whole evening can be wrecked  
22 because Tenent decides to walk in and check around.  
23 Like because you are innocent and you have friends  
24 with long hair and you are associated with long  
25 haired weirdo degenerate dope fiends, right, and  
26 you know you are going to be hassled and maybe the  
27 kids, right, who are saying that so and so did this,  
28 we have got to get them, because they are afraid  
29 of jail, because they know that it is very real.

30 THE PUBLIC: Going along with what



1 Bev said, I have a case example. There are two  
2 friends of mine who were busted in Toronto, and one  
3 was stoned on two (microdons) at the time and the  
4 other was straight, and the person who was straight,  
5 I was talking to them just after they got arrested,  
6 and they said that they found out the one guy was  
7 stoned on purple microdons which isn't too hard  
8 to find out if you grabbed the guy, and they took  
9 him into this room and the two of them, and they  
10 thought the straight guy was stoned too, and they  
11 were doing deliberate things like talking fast,  
12 glared at the guy asking him questions, and they  
13 just got him completely unglued because, you know,  
14 talking to him like that and they had all the --  
15 (straight out of Dragnet) with the high powered lights  
16 on and everything, and there was about four of them  
17 standing around and saying, "Boy, you have really  
18 got it now; boy, are you in shit," and they were  
19 just laying on him very bad, and first he was  
20 laughing at it, but now he is in a hospital -- I  
21 forget the name of it, and he rides around on a  
22 tricycle in the daytime.

23 MR. STEIN: What are the views  
24 of the group here on whether or not there should  
25 be criminal sanction against persons who are users  
26 of heroin?

27 THE PUBLIC: No,

28 THE PUBLIC: It isn't criminal,  
29 it is a psychological problem, I would think, more than  
30 criminal. I think that someone who has a dependence





1 on heroin obviously has some kind of a psychological  
2 problem, right? And like it isn't a criminal thing.  
3 This type of person needs psychological help. Like  
4 a jail isn't going to cure you of heroin use. Like  
5 what happens is like, okay, you have got this heroin  
6 thing, right? Like you go to jail for ten years, right?  
7 And you come right out, right? And you can't get  
8 a job, okay? So no employer is going to hire you  
9 because you have been in jail and you are dirty  
10 drug addict, right? And so what happens is you  
11 can't get a job and the only people you know are  
12 your heroin addict friends who are still and outright,  
13 so you get right back into the same heroin culture,  
14 and you get right back into a heroin thing. What  
15 you need is more things like Cinenon, and things  
16 like -- more programs that are treating it like  
17 a psychological problem, rather than as a criminal  
18 problem.

19 THE PUBLIC: Have you ever read  
20 the Addict in the Streets, which -- and I forget  
21 the authors name.

22 MR. CAMPBELL: (author's name)

23 THE PUBLIC: And in New York, and  
24 I think it was a case of about a dozen heroin addicts  
25 in New York City, one female and eleven males and  
26 they talk about -- the book is compiled from tape  
27 recorded sessions with these people and the ideas  
28 that I got from that, that if I wanted to know anything  
29 about heroin, where to get it and how to use if I would  
30 go to jail. And you learn more about Smack in jail



1     than you would in any other place because you have  
2     got all these people in there. The only crime that  
3     a heroin addict usually commits is like stealing and  
4     like this thing to feed his habit. He steals \$200.00  
5     worth of merchandise a day, sells it to a fence  
6     for \$80.00 and gets his heroin for the day. And the  
7     females turn to prostitution. And they are driven  
8     to this because this is the only way that they can  
9     get it. The price is so high because it is against  
10    the law I really don't know what situation or how you  
11    could stop the use of heroin, but legalization and  
12    some kind of distribution at a fair price for at  
13    least the people who are on it now is going to cut  
14    the crime rate in the major cities where you have  
15    got your heroin problem. Like in New York city it  
16    is going to cut the heroin problem right down. They  
17    contribute a large percentage of it, and I don't know  
18    the exact percentage of the crime rate is attributed to  
19    the addict. From what I got from the book he  
20    doesn't usually commit crimes of violence because  
21    the last thing he wants to meet another person so he  
22    usually is shoplifting or break and enter. He would  
23    run rather than fight somebody if they caught him in  
24    his house, and he wouldn't carry a gun, I don't think,  
25    because if I was a heroin addict and if I have a gun,  
26    the first thing I would do is pawn it so I can buy my  
27    smack. Like it is worth a lot of money. He wouldn't  
28    carry that around with him. And heroin addicts  
29    generally in the advanced cases aren't really  
30    capable of much physical damage to anybody else they



are so weak. And I got studying the book and there is a deep motivational problem, or psychological problem with these people. They always wanted to kick but they never did. And throwing them in jail and hassling them on the street really didn't do any good. And I don't know what you are going to do about the pushers either because they are replaceable, the people who are trafficking in heroin, if you bust, say, like a lot -- like the bust that was in Buffalo about three weeks ago and they arrested 140 people who were generally trafficking in all sorts of drugs but they have said, "We have put a major dent in the heroin trafficking." Now those people could be replaced practically in a week, and maybe in three weeks the heroin traffic would be right back up again. The only indispensable member of the heroin pyramid is the junkie himself. Like without the junkie you wouldn't have a heroin problem and throwing him in jail for the last how many even years it has been hasn't solved it. So I don't know the answer, but the situation now doesn't seem to be the answer. The only -- you can bust all the pushers and say, "Well listen, we won't hassle the junkies, we will be nice, and we have got really wonderful motives, we will just the pushers," and they are replaced in a month, and there is really no solution right now, that anybody is using. I don't know the answer, but this isn't the answer.

THE PUBLIC: What about England?

What about England where the junkies





1 go into drug stores with a prescription and they  
2 get their heroin and it is controlled and you put  
3 your name on a list. Now I don't know, I have never  
4 read anything how effectively it is working. Do you  
5 know anything about that?

6 DR. LEHMANN: They have to go to  
7 special clinics. They can't go to any drug store  
8 They have to go to special clinics and they used to  
9 give them prescriptions in the drug store but then  
10 they would sell it on the street, and there would be  
11 a few more junkies and some would make money on it.  
12 So now they have it controlled in government controlled  
13 clinics, and many object to it because they don't  
14 want to travel across town to have to go there.

15 THE PUBLIC: Do you know statistically  
16 if it would cut down the crime rate?

17 DR. LEHMANN: I don't think the  
18 research has been completed, but it is probably so,  
19 yes.

20 PROFESSOR BERTRAND: Not really

21 THE PUBLIC: I think this point that  
22 has been brought up about the enforcement of laws,  
23 I think it ties in with the brief that was presented  
24 by the group from Western this afternoon when they  
25 said that a large majority of their students that had  
26 been surveyed suggested that the laws weren't being  
27 enforced fairly and evenly in all areas. It seems  
28 that a lot of time is spent busting, you know, the  
29 kid with <sup>his</sup> dime bag or something and it is, you know,  
30 they are throwing these kids in jail, putting him in a



1 position where he is going to have a criminal record  
2 for the rest of his life and I think the result is  
3 that there seems to be a general disdain for law  
4 If laws are merely a reflection of the norms of the  
5 society, and I assume that you as a Royal Commission  
6 are trying to test exactly just what those norms are  
7 at this time, but it seems that, you know, it is a  
8 (very (significant majority) or significant minority at  
9 this time which is constantly growing.) Now they  
10 quoted a figure of 29% at Western. I would like to  
11 suggest that those figures are probably outdated  
12 already. The number of people that are turning on  
13 for their first time just even in the last few months,  
14 that probably that figure is well over 30, and it would  
15 probably be closer to 40 by next year. And so that  
16 eventually you are going to reach the point where  
17 people are going to be coming out of the university  
18 maybe as high as 50% of them that have become involved  
19 with drugs. These people see the way laws are being  
20 enforced in these underground methods where an  
21 undercover police agent comes in, makes fans and  
22 the next thing you know he is busting people. This  
23 just compounds the problem and elevates this general  
24 disdain for law. It is not the fault of the R.C.M.P.  
25 they are given the job to enforce these laws. The  
26 only way they can do it, is to go underground. It  
27 is the fault of the laws of the country. The whole  
28 drug problem is just going farther and farther  
29 underground, and the only possible way that the  
30 government can ever have any idea of the extent of



1 the drug problem in this country is to put marijuana,  
2 hashish, the softer drugs in the category of less  
3 stricter control, at least not from a criminal point  
4 of view anyway, look at it more as a sociological  
5 or psychological problem, and then at least they will  
6 be able to keep tabs on where the problem lies  
7 As I say, now it is just going farther and farther  
8 underground. And I would think that even by the time  
9 that you as a Royal Commission do report that your  
10 statistics will be a way out of date, because it is  
11 changing that rapidly all the time

12 THE PUBLIC I would like to suggest  
13 one thing. I think the percentage of older people  
14 who are up tight about family situations, jobs, you  
15 know, keeping a mortgage, is elaborated in the drug  
16 users and the kids who are strung out. There is no  
17 way that you can -- you know, that we can out number  
18 you at this point right now. This is a sympathy  
19 that I would give to you people

20 THE PUBLIC. I had an experience  
21 or three  
22 about two/years ago when I was arrested for possession  
23 and I was sentenced, and during the course of the  
24 proceedings I was -- you know, <sup>i</sup> had quite a lot of  
25 contact with the R.C.M.P. and I remember -- you know,  
26 I made a lot of statements about how I thought I had  
27 been arrested under a very unjust law, and that in the  
28 future things were going to change and they granted  
29 the fact to me that perhaps things in the future  
30 would change when they found out a little more about  
this, you know, found out a little more about this





1 marijuana that they were sentencing people to jail for  
2 possession of. At that very time, you know, at the time  
3 they were going to throw me in jail for possession of  
4 this, they thought that perhaps in the future when they  
5 found out a little more about it things might change.  
6 This is the problem, I think. I mean it is the law really.

7 You know, that is my opinion.

8 THE PUBLIC: Right now, Bev and I, we  
9 both work with an awful lot of kids from hospitals and  
10 the narcs are trying to get up on the seventh floor.  
11 Well, right now the R.C.M.P. officers are trying to get  
12 up onto the seventh floor of the Victoria Hospital to  
13 get information out of these kids, who are selling dope  
14 and a lot of these kids are really, really fucked up.  
15 Some of them have gotten out of the hospital and have  
16 gottento girls' group homes, boys' homes, they are being  
17 followed by R.C.M.P. officers, they have been off drugs  
18 for 9, 10, 11 weeks and they don't intend to go back to  
19 them, but what chance have they got now, if they are  
20 being accused of it, you know, Tenent stopping them in  
21 the middle of the street and saying, "What are you  
22 doing; where are you buying it from?"

23 THE PUBLIC: "Empty your pockets."

24 THE PUBLIC: Yes, "Empty your pockets,"  
25 and these kids are really trying hard.

26 The police say, "Come to the hospital and  
27 get cured," but once they have been cured nobody wants  
28 to help them and nobody wants to get them welfare.

29 THE PUBLIC: What about your house?

30 THE PUBLIC: No, you tell them



1 THE PUBLIC: Go on tell them.

2 THE PUBLIC: I have got eight kids  
3 living with me right now, and my husband and I have  
4 eight children -- kids living with us -- sons, yes,  
5 who are trying to stay away from drugs very hard.  
6 They have had speed problems and we can get no  
7 financial assistance from anybody to help us keep  
8 these kids, and welfare feels that, well, these kids  
9 can get out and work. And awful lot of these kids  
10 have been on drugs for maybe two years.

11 THE PUBLIC: And they have hepatitis  
12 and (unintelligible).

13 THE PUBLIC: So there is no way they  
14 can work. I mean I am not really complaining about  
15 that, though.

16 THE PUBLIC: I just wanted to say  
17 that tonight I have been sitting here watching  
18 everybody and I feel that the police involvement  
19 is doing worse than anything else. Because everybody  
20 is sitting here, and when anybody walks in every-  
21 body turns around and is saying, "Is he a narc; is  
22 he the press?" And everything like this, and, you know,  
23 we are just sitting here trying to discuss something  
24 trying to get it clear in our minds, getting it clear  
25 in somebody else's mind what we feel. And if, you  
26 know, the narcs and the press, who have been, you  
27 know, asked this afternoon to keep out can't even  
28 stay out, you know, they have got what they have got  
29 coming to them. But you know, they are just aggravati  
30 it something terrible, you know, they should keep



1 completely out of things like this, you know, because  
2 we have got guys at the door right now, you know,  
3 wondering whether this guy is a narc or not, you know,  
4 and it is just out.

5 THE PUBLIC: I would like to make  
6 a suggestion. I don't think it is terribly feasible,  
7 but if the drug users in Canada wanted to do something  
8 definite, I think the only definite thing they could  
9 do was Christmas morning about 9:30 in 1970, if  
10 every person in Canada who has ever smoked or does  
11 smoke marijuana, got one joint and walked into the  
12 local police station, laid it down on the table and  
13 said, "Arrest me", it would screw it up so badly they  
14 would have to do something.

15 THE PUBLIC: Maybe this is the only  
16 answer. Ten years from now they would still be  
17 fingerprinting us.

18 THE PUBLIC: That happened in Toronto  
19 a couple of years ago, somebody from London, Don  
20 Parker, they got a joint and rolled it -- wrapped  
21 it in Christmas paper with Noel and a card saying,  
22 "Peace in Toronto" for Christmas.

23 THE PUBLIC: Like right here say  
24 tomorrow if we all walked in and say we had done  
25 dope or we are doing it right now, I mean like just  
26 200 people, I am sure that the station would just  
27 about die. They wouldn't know what to do with us.

28 THE PUBLIC: I think we should just  
29 walk in and take over the castle.

30 THE PUBLIC: They would still hassle





1       around.

2                   THE PUBLIC: I would like to ask  
3       the Commission, if they decide to keep marijuana  
4       as a criminal offense how are they going to solve  
5       the present problem with the Canadian Judiciary  
6       where, when they apply a sentence to a person who  
7       has been convicted, the determinant factor is  
8       deterrent rather than rehabilitation. In the past  
9       few months I have written to various Chief Justices,  
10      and they have all replied in this fashion. For  
11      example, Chief Justice Davies of B.C.       pointed  
12      out that with marijuana he would sentence a first  
13      offender based on deterrent rather than rehabilitation,  
14      even at the price of liquidating any possibility  
15      of rehabilitating that offender.

16                  THE CHAIRMAN: I will have to treat  
17      that as a rhetorical question, and, you know,  
18      register the comment. Obviously we can't express  
19      at this point our conclusions on this subject.

20                  THE PUBLIC: Why not?

21                  THE CHAIRMAN: Because we are  
22      required to express them in reports, not in the  
23      process of the inquiry.

24                  THE PUBLIC: That is one of the  
25                                SO  
26      reasons this whole thing is/screwed up, because  
27      you have to go and write it down on a piece of paper.  
28      If you can't level with us write here, then why the  
29      hell are we here? Let's forget it, you know, and  
30      go home.

                  THE CHAIRMAN: No, I don't think



1     you can jump to that conclusion. I think when our  
2     interim report is out we will feel very free to  
3     come before you and, you know, explain ourselves,  
4     our attitudes, explain our point of view and receive  
5     criticism that is forthcoming. But at this stage  
6     I don't think we can properly indicate our conclusions.

7             THE PUBLIC: We don't want your  
8     conclusions, we just want how you feel.

9             THE CHAIRMAN: I don't appreciate  
10    the distinction.

11            THE PUBLIC: We have been committing  
12    ourselves all evening, how about something from you?

13            THE CHAIRMAN: Well, I think ---

14            THE PUBLIC: There aren't suppose  
15    to be any press here.

16            THE PUBLIC: Off the record.

17            THE CHAIRMAN: It sounds like a  
18    very fair question. It is just that we have under-  
19    taken -- we have accepted a certain task that has to  
20    be conducted in a certain way. At the same time I  
21    think that we have probably disclosed something of  
22    our perspective inevitably as we have gone along  
23    and I would think that the nature of our questions  
24    during the hearings, our general overall response  
25    would suggest what you might call an attitude  
26    towards this whole phenomenon, towards our whole  
27    task. But I don't think -- I mean we are required  
28    to do our job in a certain way and to express our  
29    conclusions in the form of an interim report and  
30    a final report, and I don't think that we can accept



1 this job and then sort of play fast and loose with  
2 the rules. I don't think we would be true to the --  
3 I don't think we would do any good to the process  
4 that way. I don't think we would maintain confidence  
5 in the process.

6 THE PUBLIC: What is the process?

7 THE CHAIRMAN: Well, that is a good  
8 question. I think we have sort of developed our  
9 own sense of the process. I think the process is  
10 for us to come and listen and try to learn and under-  
11 stand and try to identify the issues, try to feel the  
12 thing in all its scope, and to think about what is  
13 a sound approach, response to it  
14 in the society and try to come to as honest a  
15 conclusion as we can and give an honest and as full  
16 conclusion as we can and then leave it to the  
17 government.

18 THE PUBLIC: Oh, the government.

19 THE PUBLIC: What is the hold up  
20 with the interim report?

21 THE CHAIRMAN: You weren't there  
22 this afternoon? Well, I will try to be brief at  
23 this point for those who weren't, but the hold up  
24 has been -- the sequence of events has been this:  
25 that we felt that we should have at least six months  
26 of inquiry and accumulation of evidence before we  
27 began to write the report and we did begin to write  
28 it upon the expiry of six months in our terms of  
29 reference. We were to make a report at the expiration  
30 of six months and it has been finished and ready for





1 delivery since the beginning of April, in the English  
2 version and we offered it but the Minister of Health  
3 felt that he should have it in both languages and the  
4 government felt they should have it in both languages  
5 and I think this was not unreasonable in view of the  
6 requirements of the law today. And we have been  
7 completing the translation since then. It is now  
8 completed and the French version of the report, the  
9 printing of it has been completed and it will be  
10 ready for delivery in both versions in a very few days,  
11 and that will be done and that is the story. The  
12 Minister has not received it. We have had copies of  
13 the English version in our hands since, as I say, from  
14 the beginning of April and no one in the government  
15 knows what is in the report, so there has been no  
16 question of political pressure.

17 THE PUBLIC: How long before the public  
18 hears about it?

19 THE CHAIRMAN: Well, we understand it  
20 will be tabled fairly soon after it is received by  
21 the Minister. That is the assumption under which we  
22 have been led to understand and I think that will  
23 probably be the case.

24 THE PUBLIC: Off the record with the  
25 recorder over there, but as a citizen and as President  
26 of this Commission, how do you as an individual citizen  
27 feel about your research across the country?

28 THE CHAIRMAN: I just can't and you have  
29 got to accept that. You cannot expect agreement with  
30 all of your propositions and you cannot have it two



1 ways. You cannot have information of the Commissions  
2 work and conclusions that will command any confidence  
3 if the Commissioners are to express their views, their  
4 personal views on the matter off the record. There  
5 is no such thing off the record when you undertake a  
6 job like this. You know, the Commission---

7 THE PUBLIC: May I rephrase this? How  
8 does the rest of Canada feel about your research, off  
9 the record?

10 THE CHAIRMAN: You are a persistent  
11 fellow. You should go into journalism.

12 THE PUBLIC: Perhaps---

13 THE CHAIRMAN: You would make a good  
14 reporter.

15 THE PUBLIC: Can you come around again  
16 after this thing is over and explain it to us?

17 THE CHAIRMAN: I beg your pardon?

18 THE PUBLIC: Can you come around again--  
19 can you come to the city again?

20 THE CHAIRMAN: We certainly can. We  
21 haven't made up our minds what we should do in the  
22 way of hearings once the interim is out.

23 What do you think we should do? You  
24 see, we have only one year. What should we do in the  
25 way of hearings do you think?

26 THE PUBLIC: Perhaps the Commission could  
27 take note that this perhaps--this process that we are  
28 speaking of here is one of the things that is  
29 frustrating young people. When it came to making the  
30 possession of LSD a criminal offense it didn't take



1 a Royal Commission, you know, two years, or five years  
2 or whatever to investigate it and then decide. And when  
3 it comes to changing the law to a way that we feel is  
4 equitable, then it takes a Royal Commission.

5 THE PUBLIC: I would like to ask a  
6 question. Have any of you people ever experimented with  
7 marijuana?

8 THE PUBLIC: Off the record. Do you  
9 want to smoke a "J"?

10 THE PUBLIC: What is that gaze on your  
11 face?

12 THE CHAIRMAN: It is a natural gaze.

13 THE PUBLIC: I am serious. Have you  
14 ever tried--or have you ever tried it?

15 THE PUBLIC: We will get you a job.

16 DR. LEHMANN: Yes, that is on the record,  
17 it was in all the newspapers, I have and I have said so  
18 at the press conference when the Commission was appointed  
19 a year ago. And since this is an intimate gathering I  
20 think I should say it again.

21 But nothing follows from this. I don't  
22 think because of this I know any more than I knew before,  
23 or that my attitude has changed.

24 THE PUBLIC: Did it destroy you?

25 DR. LEHMANN: No, it didn't. I never  
26 thought it would.

27 PROFESSOR BERTRAND: I think there was  
28 a question to which perhaps we can attempt to give a  
29 sort of answer.

30 THE PUBLIC: Can you speak up please?





1 PROFESSOR BERTRAND: Does it work?

2 Someone asked, I think, if we could try  
3 to summarize what we had heard across the country. Is  
4 it true?

5 THE PUBLIC: Yes.

6 PROFESSOR BERTRAND: Well, we can do  
7 that, can't we?

8 THE CHAIRMAN: Oh, sure. Go ahead, Marie.

9 MR. CAMPBELL: You have fourteen hours.

10 THE CHAIRMAN: Lock the doors so that  
11 they will stay.

12 PROFESSOR BERTRAND: Now can you really  
13 see our biases because perhaps we have not heard the  
14 same thing, you know.

15 THE CHAIRMAN: You missed a few hearings.

16 PROFESSOR BERTRAND: I missed a few hear-  
17 ings too, that is true, because of the French report. I  
18 think that generally we have heard from the very very  
19 beginning--it was Peter Stein today who reminded me that  
20 the very first day of the public hearings we had a  
21 marijuana legalization group that came before us, the  
22 very first morning, and from a very selected group but  
23 from large groups and very articulate groups. Not  
24 always a group of youngsters, not always a group of  
25 students. We have heard discussed again and again that  
26 marijuana is a little less worse than alcohol and "Why  
27 don't you suggest that it be legalized tomorrow." We  
28 have heard all sorts of things on amphetamines; we have  
29 heard all sorts of things on heroin. And I was a bit  
30 surprised tonight I might say, and maybe it is because



1 I missed a few hearings, to see that the only thing that  
2 we have heard on heroin here in London was to the effect  
3 that no penal sanction should be put on heroin users,  
4 and if I am correct, perhaps on heroin pushers.

5 THE PUBLIC: No

6 PROFESSOR BERTRAND: No, am I not correct?

7 THE PUBLIC: Let's just say that the penal  
8 sanctions now don't seem to have solved very much and  
9 created--I don't say legalizing the trafficking in heroin,  
10 I don't have an answer to that, but I say the illegality  
11 has led to a lot of other problems related to it.

12 THE PUBLIC: You just can't say blanket  
13 that heroin should be legal. It isn't like grass. I  
14 mean like what happens now is that kids now, grass is  
15 only a mild thing like alcohol is but it isn't like saying,  
16 "legalize heroin".

17 THE CHAIRMAN: Can you take the mike?

18 THE PUBLIC: The point was raised, and  
19 we discussed the benefits or ill effects of the rehabil-  
20 itation system so far and Mr. Stein pointed out that in  
21 his experience with the rehabilitation in Vancouver and  
22 I think you mentioned two or three or four or five heroin  
23 addicts thought that they benefited from the rehabilit-  
24 ation systems so far and you said that their right to this  
benefit should be guaranteed.

25 MR. STEIN: Now hold it.

26 THE PUBLIC: If you could clarify that.

27 MR. STEIN: Yes. What I said was when  
28 there was a discussion about the effects of the imprison-  
29 ment the majority of people who express a view, express a  
30 pretty damning view of the effect. But I have been



1 approached by a very small number of  
2 persons who expressed their concern that  
3 if the distribution of heroin was not a  
4 criminal offense they were not sure they  
5 would be strong enough to prevent themselves  
6 from going back to it. And I am not expressing  
7 my opinion as to whether that is a justification  
8 for keeping the law, I was only bringing that in  
9 as an opinion. They were concerned about a few  
10 people and there was a small number who were  
11 using the law, as they put it as a 'crutch',  
12 and that was a point of information.

13 THE PUBLIC: The point of  
14 information I was going to raise is that I  
15 feel I have derived some benefit by smoking  
16 dope and I was wondering if you could perhaps  
17 --my right to this benefit should not be  
18 infringed upon, it a significant minority  
19 of people wanted the criminal offence accorded  
20 to heroin the way it is because we have  
21 benefited from our rehabilitation and why  
22 should my right to the benefit of marijuana  
23 be taken from me. Or why don't I have  
24 the right to benefit from it if I am in a  
25 minority which has in some way had their  
26 personality changed to, I think, the better  
27 because of smoking dope. And one of the reasons  
28  
29  
30





1 why should this right be taken away or why was  
2 it taken it away or why shouldn't I be given  
3 the right to this benefit as one individual,  
4 and like the protection--everybody is  
5 talking about protection of the minority---

6 THE CHAIRMAN: Some of them  
7 are talking about the protection of the minor,  
8 you know, and this is a thing we were talking  
9 about a bit today. The concern for the person  
10 is not in the position to make a free--not be  
11 presumed to be able to make a free informed  
12 wise choice based on information. I mean  
13 there is a social concern for the young, and  
14 I mean, you know, for children. You have  
15 got to deal with that. If you  
16  
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1 don't come to grips with that you can't have  
2 developed a coherent approach to social policy  
3 on this subject. I mean if you would just pass  
4 it over, you know, the kids -- somebody accused  
5 me of asking a slanted question this morning. I  
6 wasn't trying to be smart when I said, "Would you  
7 offer it to a ten year old?" I could have said twelve,  
8 and it might not have sounded so outrageous, but  
9 I chose ten, frankly because I didn't want to be  
10 ambiguous about my point. And I was simply wanting  
11 to develop a line of discussion about the young  
12 children who can not be presumed to be able to  
13 make a wise choice based on a full educational  
14 program in which all the pros and cons are stated  
15 up to a certain age.

16 Now, there is disclosure -- if  
17 you want there is disclosure of a point of view,  
18 okay?

19 THE PUBLIC: The situation that we  
20 have now, I think it is possible for a ten year old  
21 kid to smoke dope now without a lot of problems,  
22 and right now one of the feelings that I have got  
23 is, if you want to smoke dope you can; it is simple;  
24 sometimes it is harder to get than at other times,  
25 but it is easy to get and it is almost as easy to  
26 get as alcohol is now with the laws that we have  
27 against it, and the laws that we have against it,  
28 constitute a number of other problems in association  
29 with its use. Now, I don't think, and this is my  
30 personal opinion, if it was legalized at an age,



18, 21, something comparable to alcohol, I don't think you would have a rush of ten year olds smoking dope. And if we legalized it and took all the money we took to suppress it, and all the money that is really being wasted and used this in an intelligent educational program beginning at kindergarten level and going all the way through with an intelligent layout and just, you know, saying that, "These are the facts. This is my opinion. That you have these facts to study". And I don't think that ten year old kids are really up tight about the fact that they can't drink, and they aren't trying to do this and perhaps maybe it won't be the same situation with marijuana being legalized, but I can't see it being a lot different. Maybe that leaves a little bit up in the air though; I can't go into it really much further.

THE CHAIRMAN: Do you think the government was wrong to withdraw thalidomide, as a matter of policy, thalidomide from the market, speaking of principle?

THE PUBLIC: I think with a proper and widespread educational ---

THE CHAIRMAN: There is the point.

THE PUBLIC: ---campaign? the dangers fully labelled ---

THE CHAIRMAN: Here is the point now. You have got a very dangerous thing and don't misunderstand me, I am not making a comparison between thalidomide or any particular drug, that is





1 not my point. I want to take it out of the context  
2 for a moment and look at a matter of principle.  
3 The assumption you are making is you came right --  
4 two assumptions in our discussion, one, a very  
5 dangerous drug which are taken by people not fully  
6 informed and under the wrong circumstances can result  
7 in the horrors we know. The second assumption that  
8 you have to make for your social policy is that you  
9 can't assume responsibility that you can have the  
10 assurance that you can make your information  
11 sufficiently widespread to eliminate the danger of  
12 unwitting use of that. That is a very big responsibi-  
13 lity on which to base a government policy. And your  
14 alternative, if you can't base it on that assumption,  
15 is you have to think about restricting availability.  
16 This is the nature of the kind of decisions we are  
17 talking about in terms of policy. I am not talking  
18 about the penalties for use now, I am speaking about  
19 government's responsibility with respect to dangerous  
20 substances.

21 THE PUBLIC: Mr. LeDain, with  
22 regards to the question of the twelve year old freak,  
23 I would like to say that I would have no qualms  
24 whatsoever about selling grass or hash to somebody  
25 who was twelve or even ten years old. I don't think  
26 you need a political conscience or a definitive  
27 degree of maturity to dig it. I mean it is just  
28 nothing that complicated. you see, like driving  
29 a car or something I mean you just have to know how  
30 to light a match and it doesn't obviously effect



1 people to any great degree. There have been over  
2 fifteen major cultures in the centuries that smoking  
3 grass has been much the same as giving the person  
4 milk. But it doesn't come from the body. Where  
5 the kids like work from the smaller stage do it if  
6 they feel like it, they run around and they play  
7 baseball or whatever they do in those days, and I  
8 don't think they have to sit around and talk politics  
9 in order to be involved with grass.

10 THE CHAIRMAN: You talk about grass  
11 you see. I have to remind everyone that we have  
12 the whole ball of wax to look at.

13 THE PUBLIC: I am talking about ---

14 THE CHAIRMAN: All the psychotropic  
15 drugs.

16 THE PUBLIC: I am just talking about  
17 grass and hash now.

18 THE CHAIRMAN: We have to talk about  
19 a coherent social policy that is applicable  
20 to the whole range.

21 THE PUBLIC: I don't think you can  
22 lump them together.

23 THE CHAIRMAN: I know that. We  
24 have to make distinctions between them. We agree  
25 with you there. But I want you to know we have  
26 to be looking down the road at a social policy, what  
27 are the principles of the social policy? That is  
28 why this question about basic, you start with rock  
29 bottom questions, what is the responsibility of  
30 the state, if any, with respect to dangerous substances,



1 not saying that grass, you know, not pronouncing  
2 on the danger of any one of them for the moment  
3 you see, but you have got to have -- you have got  
4 to think the thing through because I know grass is  
5 very much a preoccupation but there is a lot more  
6 to it.

7 THE PUBLIC: I can see that, but  
8 as you were saying before about lumping the things  
9 together, I think you can keep them definitively,  
10 apart the way we keep coffee apart which is a  
11 stimulant. There are various cultures that depend  
12 on what age the kid starts drinking coffee, I mean  
13 over here it is much less where I came from, which  
14 is Denmark, or tea even which is a stimulant. I  
15 mean you cannot lump them together like that in any  
16 degree. Even to look at it from a broad aspect.  
17 I mean I can't see any relationship between coffee  
18 and grass, than what I can between grass and  
19 something like acid. I can't personally see a  
20 four or five year old playing baseball on acid,  
21 you know, that is not what I propose.

22 THE PUBLIC: Yes, well, yeah, you  
23 have posed an interesting question, what role should  
24 the law play? It seems up to this point it has been  
25 sort have been protecting poor mindless masses from  
26 themselves and that is why we are getting into more  
27 fascist tactics because when you have people in a  
28 power position, then this moralistic thing happens.  
29 What are the rights? It doesn't seem to be a legal  
30 problem at all, does it? Why is this Commission





1 even around, you know, why is the law even playing  
2 around with this kind of thing? And should it be?

3 THE CHAIRMAN: That is right. These  
4 are questions.

5 THE PUBLIC: Yes, I want them  
6 answered.

7 THE PUBLIC: Right now, somebody  
8 could, if they wanted to, -- you can buy  
9 rubbing alcohol; you can buy gasoline; and you can  
10 get a lot of dangerous substances right now. There  
11 are no problems towards it and even if marijuana,  
12 if you consider it a dangerous type subject -- or  
13 a dangerous substance, you can get it now.  
14 Maybe I don't know any answers now, but the thing  
15 is I know that it is available and people are talking  
16 about, "We don't want to put it on the market yet,"  
17 and it is on the markets.

18 THE CHAIRMAN: You are suggesting  
19 you can't effectively restrict the availability of  
20 it.

21 THE PUBLIC: I don't think you can  
22 effectively -- where people know that a certain  
23 substance if you swallow it, is going to do a lot  
24 of things to you, like even sleeping pills, nobody  
25 can prevent somebody from overdosing on sleeping  
26 pills and kill themselves if they want to do it,  
27 and there is no effective way of stopping this.  
28 And it is creating the other problems  
29 we have now and maybe I wouldn't want to see ten  
30 year old kids start to use grass, and I don't know



1 if they will. I don't think that ten year old kids --  
2 I don't think that the use of a social intoxicant  
3 is going to go down that far because I can't see it --  
4 like anybody who is fourteen years old who wants  
5 to get drunk can do it, and they do it. But I don't  
6 think that that is a horrible, horrible problem.  
7 It can lead to some things but even at that, it is  
8 socially acceptable to a certain age and they can  
9 get it easily, and there are certain laws restricting  
10 it, and people can get grass just as easily now as  
11 they can get alcohol, and sometimes -- they just  
12 cost a lot more, and this is one of the problems  
13 there. You can't restrict it, You can put all  
14 the restrictions you want on it, but somebody who  
15 is going to do it, if they want to do it bad enough,  
16 or if they feel that they should be able to do it,  
17 and maybe right now, with -- the people, say, we  
18 have got in this room, it is not that smoking dope  
19 and getting stoned is so important, it is a matter  
20 of their personal freedom to do this. And maybe  
21 marijuana has got to represent something else. It  
22 is not that getting stoned is so great I could live  
23 without it, but I can't live with the feeling that  
24 something I do in my own home, all by myself, or  
25 with my friends, that I don't go out and cause  
26 physical harm or physical damage to anybody else,  
27 is against the law. Theoretically I can be --  
28 if they put -- for doing this and for what I am  
29 up against now, I could get ten years in the  
30 federal penitentiary and it is a drag, and I am



1 taking the risk and I think everybody else in the  
2 room who smokes dope is taking this risk not because  
3 being stoned is such a great thing -- it is a lot  
4 of fun, but it has gone beyond this, it has gone  
5 beyond a person's individual freedom in the society  
6 and what a society can restrict and what it can't  
7 restrict and what is the job of the government,  
8 and where the line has to be drawn.

9 DR. LEHMANN: Isn't there a  
10 difference between -- well, there is a difference  
11 between restricting the right of people and making  
12 it available for people. It is just conceivable  
13 that there would be no criminal charges laid  
14 against anyone who is using a drug, but at the same  
15 time legalization would not be forthcoming because  
16 the state could argue, "Well if we make it legally  
17 available for everybody, then a lot of people who  
18 are not taking it now might be induced to take it,  
19 and we as a state don't want this because there  
20 might be a lot of them who do not know how to use  
21 it well." Would you make a distinction at all that  
22 is reasonable about legalization, that is, the  
23 state, government making it fully available or  
24 refusing to make it fully available?

25 THE PUBLIC: You missed one point  
26 I think, and that is the point that -- and this is  
27 what scares me. There is selective -- if the police  
28 decide not to enforce the drug laws they can choose  
29 to do so, but the fact remains kids are going to  
30 be scared, that once you get a sort of a more right





1 wing government that these laws can be used by  
2 those people to hassle you. I mean this thing  
3 about narcs hiding in trees and bushes, that is  
4 being used. They legally can do that. And some-  
5 body just said, well, you can't blame the R.C.M.P.  
6 Well you can, because they are getting more and  
7 more facist. So all we are saying is you  
8 have got to change the law so that if we happen  
9 to get a little more right wing government that they  
10 are not going to use this to stamp out the subculture  
11 because I don't think they are actually worried  
12 about the drug but they are worried about a life  
13 style.

14 DR. LEHMANN: But there are the  
15 two things, the prohibition and the legalization,  
16 they are different. Can you see this? Would you  
17 think there has to be legalization or would you  
18 think it is sufficient to reduce or eliminate  
19 prohibition?

20 THE PUBLIC: I think you have to  
21 look at the social problem, you have got to get  
22 passed the drugs as a drug problem.

23 THE CHAIRMAN: But this is  
24 within our terms of reference. You are absolutely  
25 right. We have to, and it is right there in black  
26 and white that we have to look at the social  
27 problems. I wanted to hear what you had to say  
28 about it. What do you feel it is?

29 THE PUBLIC: I can just look at  
30 a town like London -- like London is such an



1 up tight town, like everything from like the police  
2 methods where all the freaks realize that the police  
3 can come in and hassle, and the police can stop them  
4 in the middle of the street and check their pockets  
5 and put them up against the wall, and I mean roughly  
6 up against the wall. And I mean like you have got  
7 to look at why the town is so up tight. You have got  
8 to look at society that is making these kids so up  
9 tight that they want to escape with like Speed. I  
10 think London is one of the biggest Speed towns  
11 around, and you have got to look at the type of  
12 society that is making this happen. It isn't just  
13 happening. This society is making it happen because  
14 it is the up tightness, the people like the police,  
15 and people like sitting here--we are all sitting  
16 here tonight and we going to say like this is  
17 really a fuck up, like Tenent is really a fuck up  
18 when he beats up kids, and we know damn well that  
19 the police would not listen to us. We know that  
20 the society that we are living in, we are  
21 theoretically a part from which we are in fact  
22 alienated from does not listen to us, and we  
23 feel--I think there is a great deal of evidence  
24 about that. There is a feeling like kids  
25 cannot not effectively do anything about the  
26 society that they live in up to this point.  
27 Now it is beginning to change, and possible we  
28 can, but at this point right now, there is a great  
29 deal of alienation from the society. Every law  
30 enforcement and social agency, everyone who is



1 dealing with kids, only adults 40 and 50 years old,  
2 and most of them are, right? There are some people  
3 that are realizing this.

4 THE CHAIRMAN: That has always  
5 been true. I mean when we were kids it was the  
6 adults who were running the institutions.

7 THE PUBLIC: Despite the fact  
8 it has always been true, it is wrong.

9 THE CHAIRMAN: You are not  
10 prepared to go on the job, You wouldn't sit all  
11 day in our seats. You are not prepared to take  
12 over the institutions. Do you want to take the  
13 law school off my hands? You can have it right now  
14 for five cents. No, seriously, you know.

15 THE PUBLIC: I wouldn't because I  
16 would burn it down.

17 THE CHAIRMAN: That is the solution,  
18 you see, get rid of it, but I mean that would be  
19 your solution. I mean you don't want the burden  
20 and the hang up or whatever you call it, the bag  
21 of running these institutions.

22 THE PUBLIC: What do you need it  
23 for?

24 THE PUBLIC: They own other people,  
25 that is what the government wants to do, they want  
26 to own other people. and we don't want that.

27 THE PUBLIC: I mean here it is  
28 working, and the system isn't working and you have  
29 got to look at something else.

30 THE CHAIRMAN: That, I fully agree.





1 We have to keep examining our laws when they are  
2 not working and institutions I couldn't agree with  
3 you more.

4 DR. LEHMANN: No one would run  
5 the plains or the trains.

6 THE CHAIRMAN: There is a lot  
7 of change taking place in this country and there is  
8 a lot of law reform going on. We were sleeping for  
9 a long time. I think you are right. There was  
10 about 25 or 30 years where it was very static and  
11 stable but things are changing very rapidly.

12 THE PUBLIC: Name me some reforms.

13 THE PUBLIC: What we want is one  
14 freak on the LeDain Commission.

15 THE CHAIRMAN: One what?

16 THE PUBLIC: One freak, one of  
17 us.

18 MR. STEIN: Let me ask you a  
19 question. How do you tell a freak, by his outside  
20 garments only?

21 THE PUBLIC: If he is a freak  
22 he will tell you.

23 THE CHAIRMAN: How do you know  
24 there aren't a few natural highs on the commission?

25 THE PUBLIC: Okay, maybe what  
26 is happening is I am looking at you, right, and  
27 saying you are looking fairly straight. I don't  
28 know about Stein, there is a question about him.  
29 You look fairly pretty straight. Like you might  
30 smoke a weekend joint.



1 THE CHAIRMAN: But that's not  
2 what makes a freak, that is not what makes a freak.

3 THE PUBLIC: What I am saying  
4 is you should have people who have been through  
5 the drug culture, and who are willing to say, " I  
6 have been through the drug culture, like I may  
7 not be right now, but I have been through the  
8 drug culture and I know a lot about it, and I will  
9 talk to you in your terms of reference."

10 MR. STEIN: Let me ask you a  
11 question. Supposing there was someone you felt  
12 was in that type of category. Would you want him  
13 to speak for you, or would you rather we make sure  
14 we get as wide a hearing from people directly across  
15 this country in all the range and the complexity  
16 of viewpoints that exist? Would you rather have  
17 a representative person sitting up here giving that to  
18 us, or would you rather have us hear from you here,  
19 or privately, or wherever else we have been?

20 THE PUBLIC: I am saying both.  
21 There should be more discussions like this. I think  
22 this discussion is more important than the one that  
23 happened this afternoon. That is my personal feeling,  
24 because we are involved in the drug thing; we are  
25 getting busted; like we are going to jail and we  
26 are smoking grass; and like I will be smoking grass  
27 tonight, right? Like I am involved. But what is  
28 happening, and like I am saying not only should you  
29 be listening to us but like there should be a  
30 representative of our type of culture up there



1 sitting with you.

2 THE PUBLIC: In fact, we should  
3 be the ones who take the report to Ottawa.

4 THE PUBLIC: But the only  
5 problem is, right, okay, now like parents are for  
6 people in this country who are straight. They see  
7 a bunch of straight people sitting up there saying,  
8 "It is our opinion," Like I don't know what you  
9 are going to say, Mr. LeDain, but say parents,  
10 people in this country hear you say, "It is my  
11 opinion that marijuana should be legal because ---"  
12 I am not saying that this is going to happen.  
13 They are going to listen a lot sooner than when  
14 they have got a bunch of freaked up kids saying,  
15 "Hey listen"--"They are going to listen to these  
16 straight people where they are not going to listen  
17 to us.

18 THE PUBLIC: But that is the  
19 problem. Like the thing is like it has got to get  
20 to a point where we can have like a group made up  
21 of like straight people and like freaks together  
22 in some type of situation where they will in fact  
23 listen to us. Like what happens is they definitely  
24 won't listen now, they definitely won't, but what  
25 is happening, we are getting to be a larger and  
26 larger minority.

27 THE PUBLIC: I don't think any  
28 of us here wants to right away move into your  
29 professional field right now, and I don't think  
30 anybody here could say, "I want to do this, and I





could do a better job. "We want to at least get recognition for something and not just say, "You don't know anything yet because you haven't got this piece of paper that says you know something," like a diploma or, "You haven't got this five years or ten years experience in the field that I think you should have." And I don't think anybody here is capable; I don't think anybody could dilute himself to think he was capable of assuming the responsibility that you people have. But we should be at least having some voice into it and not that we should just talk. It should come to some result, and like some people are doing an awful lot of talking and the reason they are throwing rocks a windows and buildings is because they are talking to a lot of brick walls, and the only thing that you can do with a brick wall is rip it down. And this is why people are rioting in the streets. And that is why they say, "We don't want your jobs; we don't think we could do them as well as what you are doing, but at least we want some form of recognition for what we have been through, what we are going through and what we are experiencing.

THE CHAIRMAN: Yes. Well, there is no -- I don't think there is any doubt in our minds about what we have got -- you know, what your understanding of this phenomenon and what we have got to learn I think this has been brought home to us with tremendous force in the last year and I should say we are also in pretty close working



1 | contact -- I hate to say freaks, I don't want the  
2 | staff to get upset, but I think we are in pretty  
3 | close contact with people who know where it is at,  
4 | let's put it that way.

5 | THE PUBLIC: Is this Commission  
6 | like a big tape recorder that is going to make  
7 | something -- like is your appointment to assimilate  
8 | and take the pulse of the country?

9 | THE CHAIRMAN: No.

10 | THE PUBLIC: And then as a  
11 | result of that make recommendations?

12 | THE CHAIRMAN: No; no. We are  
13 | to try to come to our own conclusions, but, we  
14 | have got to listen to a lot of people and it is not  
15 | just to find out where they stand, or count heads,  
16 | it is not that, but it is to get a better under-  
17 | standing.

18 | I meant politically.

19 | PROFESSOR BERTRAND: This  
20 | coming summer there will be a good twelve of  
21 | you -- maybe not you in this hall, but you,  
22 | meaning your age group, and your belief, let's say,  
23 | your conviction that the drug means something which  
24 | will be -- who will be studying, really observing,  
25 | listening in the drug scene, meaning in five cities  
26 | in Canada on the streets, really on the spot, and  
27 | acting very, very thoughtfully as a participant  
28 | observer and letting everyone know that they are not  
29 | there to stool, but they are there to try to feed  
30 | us and let us try to understand what it is, you



1 know. So I think that we understand that you have  
2 to have some part in this study process, and that  
3 you are the ones who know that this -- this I  
4 think we have proved today because we have listened.

5 MR. CAMPBELL: It should perhaps  
6 be said, that the hearings such as we have had  
7 today are only one part of the investigation we  
8 carry out. There a lot of other obvious things  
9 we do; we read a lot. But we also spend a great  
10 deal of time with individuals. This is particularly  
11 true in our home areas where perhaps people know us,  
12 and where we have higher levels of individual  
13 trust, and establish this where we can move in  
14 certain circles much more easily. And most of us  
15 have spent very large parts of our time, when we are  
16 not in hearings, with people who use various drugs,  
17 with distributors of drugs, with illicit manufacturers  
18 and a great many different levels, listening there.  
19 And in the same way we have had a responsibility,  
20 a very real responsibility, not only to listen  
21 to the heads, but to listen to the straight people.  
22 They are part of the country too, and try and get  
23 some measure of how they feel, and what are their  
24 anxieties, what their worries are. I suppose one  
25 of the more useful things we could hope to achieve  
26 is to play a role of communication, of acting as  
27 a funnel through which one part of Canada can  
28 hopefully speak to another. But it is absolutely  
29 imperative if we do that, to put ourselves in a  
30 position to hear this full range of opinion. This is





1 one of the reasons we have maintained this  
2 neutrality. If right at the outset of our hearings  
3 we had said what we were thinking that day and  
4 three months later we said, "Well, this is where  
5 we are thinking," and three months later said, "This is  
6 where we are thinking", this would have biased  
7 the flow of information to us. People would say,  
8 "Oh, hell they have made up our minds, that is  
9 what they have decided, there is no sense talking  
10 to these guys," or they would say, "Well, this is  
11 what they are thinking. We have got to take a  
12 certain line to influence them in another way."

13 So we have gone to extraordinary lengths to maintain  
14 a neutral posture and an open posture in the hope  
15 that that would be the way in which the larger  
16 number would speak honestly and fully, and frankly  
17 to us, including the freaks. But it is also important  
18 that in some cases the very upset parents of freaks  
19 will speak with as much candor as the freaks will,  
20 otherwise I think we would have failed in our duty  
21 to get this whole story. We have to have the freaks  
22 speak to us fully and freely, but we have to have  
23 the rest of the country speak fully and freely  
24 and we have to somehow convince people that we are  
25 trustworthy, that they can speak, and that we are  
26 open, that they are being taken seriously.

27 THE PUBLIC: To my knowledge  
28 the Commission has solicited briefs from police  
29 officers who were involved in undercover operations  
30 dealing with narcotics. Has any similar attempt



1       been made to get briefs from the people that they  
2       have arrested?

3                   THE CHAIRMAN: Briefs from whom?

4                   THE PUBLIC: From the people  
5       they have arrested.

6                   THE CHAIRMAN: Oh yes. But we  
7       didn't actually solicit briefs from undercover  
8       agents. We have had no direct contacts whatsoever  
9       with undercover agents.

10                  THE PUBLIC: Well, it was my  
11       understanding that the police departments were  
12       contacted.

13                  THE CHAIRMAN: Yes, you are  
14       quite right. We solicited -- we invited the R.C.M.P.  
15       to make submissions and other police -- municipal  
16       police across the country and the R.C.M.P. made  
17       public and some private submissions to us, but  
18       we have had no contact with undercover agents as  
19       such that they have passed onto us, you know.

20                  THE PUBLIC: True, but has the  
21       Commission gone to the jails where the people<sup>were</sup>/they  
22       have incarcerated and solicited briefs from them?

23                  PROFESSOR BERTRAND: Yes.

24                  THE CHAIRMAN: We are studying  
25       it now, and we have had a lot of contact with people  
26       who have<sup>had</sup>/the law applied to them, yes, but we are  
27       actually in ---

28                  MR. STEIN: This summer, we  
29       are going to focus on going and spending time in  
30       a number of jails, but what we have been doing is



1 talking to people who have been on charges and also  
2 who have come out. But the point you are raising is  
3 a valid one, and this summer we intend to make sure  
4 that we get an inside picture also from the people  
5 who are inside and also from some of the staff, get  
6 their views as to what they think we are doing in  
7 relation to drug users.

8 MR. CAMPBELL: In the same way, someone  
9 asked today about music. Some of us have spent a good  
10 deal of time with some of the more influential groups,  
11 and songs that were mentioned, these were all familiar  
12 to all of us. Many of the people who wrote them and  
13 played them are very familiar to us.

14 THE CHAIRMAN: Yes?

15 THE PUBLIC: I respect your desire  
16 to get opinions from everyone, but I would like to ask  
17 whether--a rather obvious question and that is how long--  
18 how much longer can we wait and like I am a student of a  
19 small school in the city, and since this Commission been  
20 formed over 30 kids have been busted and most of them  
21 have been either fined or went to jail and one of them  
22 was my brother which brought it a little bit closer and  
23 I just wondered if you are going to wait for another  
24 year or two years you are certainly going to lose a lot  
25 of kids.

26 THE CHAIRMAN: We didn't make the  
27 decision to set up the Commission and we are certainly  
28 conscious of this. And having accepted the task we  
29 have to do our best in the time available to us. I  
30 mean it is the whole range of drugs, the whole issue,





1 the social implications, so that there we are. I mean  
2 it is not our fault that the decision was made in 1969  
3 to establish the Commission. We are moving as rapidly  
4 as we can.

5 It is no use for us to feel what the  
6 government could have done without a Commission.

7 THE PUBLIC: I imagine you have been asked,  
8 "When are we going to get some definite results?" I  
9 imagine these questions come up and like the young people  
10 are naturally impatiently waiting.

11 THE CHAIRMAN: Very understandable question

12 THE PUBLIC: In our social situation  
13 right now we are perhaps more impatient than perhaps your  
14 generation was when you were in our age group.

15 THE PUBLIC: I don't think that there is  
16 a lot of people that are just saying, "Well, for Christ's  
17 sakes, hurry up, you are not doing any good." Whis is  
18 not the statement of my belief. I think you are, doing  
19 a good job, that is possible to do, and it is a terrible  
20 task, but, you know, when you are being arrested it sort  
21 of provokes this, "Why don't they hurry up?" Because  
22 there are people in jail and if they decide they are  
23 going to legalize--or at least legalize possession, or  
24 something like that, it doesn't do the person any good.

25 THE CHAIRMAN: Let me just ask  
26 you a very important question and let me tell you some-  
27 thing, and don't get excited, because it is not going  
28 to be perhaps that good, but you have asked questions  
29 that are important. We could have with an interim  
30 report in the time allowed for us. We could have said,



1 we haven't had enough time to react any decisions on  
2 the effects of the drugs.

3                   And that was the obvious and reasonable  
4 and easy decision to make. We felt we had to have an  
5 understanding of the drugs and research. Well, we  
6 didn't feel that was good enough. We didn't feel it  
7 was possible in the context that we have just described  
8 of urgency, of concern, of confusion about facts, of  
9 people saying, "We don't know, " so we have assumed the  
10 responsibility for an interim report statement on the  
11 effects of the most important drugs, not one of the drugs,  
12 and it consists of one chapter of 250 pages.

13                   Now the work that has had to go into  
14 that, because I don't have to tell you what that means  
15 in terms of responsibility, but this will be disclosed.  
16 We will disclose in our interim report our own  
17 assumptions concerning the effects of the drugs and we  
18 can't come cleaner than that. An enormous amount of  
19 work has had to go into that. So you see, I give that  
20 as an illustration to explain that it wouldn't be  
21 humanly possible for us to have done any more with the  
22 interim report than we have done.

23                   THE PUBLIC: What happens when the  
24 report comes out? Will it be made available to the  
25 public?

26                   THE CHAIRMAN: Yes, It is now being  
27 printed.

28                   THE PUBLIC: Does it cost anything?

29                   THE CHAIRMAN: It is being printed in  
30 pocketbook edition.



1 MR. CAMPBELL: I would like to ask you  
2 very candidly to understand something that weighs on us.  
3 This report is going to be awfully god damned important  
4 to the lives of an enormous number of people, not only  
5 to you, but to virtually everybody in this country, and  
6 not only in 1970, but for the next five or ten years, and  
7 if we make mistakes, an enormous number of people stand  
8 to be very badly hurt and to be destroyed. Now, I am  
9 speaking very much for myself. I am very conscious of  
10 that responsibility and it is weighing very damned  
11 heavily and I will do nothing to go off half cocked  
12 before I am very sure that I have done my absolute best,  
13 and I have got every piece of information and weighed  
14 it. Because a hell of a lot of people's lives can be  
15 tragically and horribly affected if we make a mistake,  
16 and if to be perfectly candid about it I don't want a  
17 mistake on my conscience.

18 --- (APPLAUSE)

19 THE PUBLIC: I think all of us in this  
20 room realize that governments went off half cocked when  
21 they brought in the laws against a lot of the substances  
22 you are dealing with, and I think that everyone in the  
23 room appreciates the concern and the studies that you  
24 are making. I know it is a natural impatience but I  
25 don't think in any way we are condemning the fact--I  
26 don't think any of us think you are just sitting on your  
27 hands. But if it comes out against what we think at  
28 least we know we have been given a fair chance and it is  
29 probably the first fair chance in this situation that  
30





1 has ever come up in this country, and I am glad  
2 you are doing that at least, and I am glad that you  
3 are that concerned about it.

4 THE CHAIRMAN: Well, we have had  
5 a very warm night.

6 THE PUBLIC: I just hope you guys  
7 won't be kicked in the face over it.

8 THE CHAIRMAN: I beg your pardon?

9 THE PUBLIC: I just hope you won't  
10 be kicked in the face over it.

11 THE CHAIRMAN: We have discovered  
12 that in advance and we are prepared for whatever  
13 comes. We didn't accept the job thinking we could  
14 please everybody. Or somebody said it was one -- I  
15 don't think it was one you could win and it has been  
16 a tremendous responsibility as Dean Campbell said,  
17 but it has been a great privilege frankly for us,  
18 and a great human experience to have the kind of  
19 contact we have had here tonight, and we will take  
20 it, take whatever is coming. We just want to try  
21 to do as I say, our best, and we have received a lot  
22 of support.

23 THE PUBLIC: Sir, there is one  
24 important thing that I would like to bring up that  
25 hasn't been brought up, and that is, I personally  
26 am impressed with the integrity of your Commission,  
27 but how much power, to use the term loosely, do you  
28 have in swaying the federal government. I know,  
29 for a fact our own M.P., Mr. Buchanan -- I might sound  
30 a little biased, but I think he is a "yo yo."



1 THE CHAIRMAN: You must be of the  
2 other political party.

3 THE PUBLIC: I am not of any  
4 political party. He sent out a questionnaire to  
5 all the homeowners of the area, and found out that  
6 65% of all old people in London are against the  
7 legalization of marijuana, and as being their  
8 representative, he will carry out their vested  
9 interests. If that "yo yo" is going to vote against  
10 it then where does that leave your Commission? I mean  
11 if some person from Moose Jaw, I mean that knows meat  
12 packing, I mean like we appreciate the integrity  
13 of your Commission, what about the MP's who want to  
14 get re-elected?

15 THE CHAIRMAN: Well, I think you  
16 must have faith in the Democratic process.

17 THE PUBLIC: I don't.

18 THE CHAIRMAN: I think you must have  
19 faith because of your own attitude, your own interest,  
20 attitude, involvement, your energy, you are bringing  
21 to the thing. Frankly, we have had our faith, if  
22 anything, strengthened in the process by our experience  
23 in this whole inquiry, because we have seen people  
24 exchange, we have seen them show a disposition to  
25 discuss these issues, and <sup>from</sup> both generations and  
26 with great mutual respect actually and servility  
27 so I am quite optimistic. I feel things are changing  
28 in the country, and I feel that you have much more  
29 influence than you realize. We are not so unique.  
30 In listening and realizing we have a lot to learn from



1 you, we are not so unique. There are a lot of  
2 people who share our view. We have had the privilege  
3 of having it brought home to us in a very intimate  
4 way because we have heard you in 22 cities, and 22  
5 universities and so on so we don't have to have any  
6 more convincing. You have an ordinary contribution  
7 to make and don't be pessimistic. You have much  
8 more optimism and hope and things are moving and  
9 there has been public opinion that has been evolving  
10 on this whole issue and we sense it ourself. So don't  
11 feel despair. I really don't think there are grounds  
12 for it.

13 THE PUBLIC: Let's hope.

14 THE CHAIRMAN: Let's what?

15 THE PUBLIC: Let's hope.

16 THE CHAIRMAN: Let's what?

17 THE PUBLIC: I think one of the  
18 concerns we have got is if, like, when you go in to  
19 study the report and the major investigations of  
20 drug usage that have gone on in the past and the  
21 impression that I get, and the impressions that I  
22 have got from the publications that I have read is  
23 that they have been shelved for some political  
24 reason or another. And I think most of us are afraid  
25 that maybe we will get everything and you will make  
26 an intelligent stand and maybe it will be something  
27 we will agree with, maybe it won't, and we are just  
28 hoping that it is more or less what we want, or if  
29 you can, you know, interpret what I have just said  
30 without thinking I am a fanatic or anything like that,





1 that we are just afraid that maybe this will just  
2 be put away in a file for reference thirty years  
3 from now, for somebody to say, "In 1969-70, the  
4 LeDain Commission found out so and so". And thirty  
5 years from now we are being hung for possession or  
6 something like that, and we are just hoping this  
7 doesn't happen.

8 THE PUBLIC: We will never let them  
9 take you alive.

10 THE PUBLIC: I think one of the  
11 things that we have got to sort of take into considera-  
12 tion is, ourselves here in London, all the kids got  
13 together about a month ago and decided that they  
14 were going to take over the park because we can't  
15 go into the park after 10:00 o'clock at night. And so  
16 they decided that they wanted to have a rock festival  
17 in the park, but we knew we were going to be turned  
18 down so we couldn't have it. So somebody came up with  
19 a brilliant idea, "Well, why don't we write the P.U.C.  
20 and see if they will let us use the park," but we know  
21 that the answer is going to be no. So the formal  
22 letter was written and two days later a formal letter  
23 was written back that the kids use the park. They  
24 never thought that, you know, well if you do things  
25 legally and get right down to the thing and do it  
26 properly that it just might happen. And it did. We  
27 got the park and plus the fact that we can use the  
28 park every Saturday from now on in the summer if we  
29 want to. You know, so I mean, you have just got to  
30 get together and do your thing altogether in a group.



1 THE CHAIRMAN: Yes.

2 THE PUBLIC: Yes. And I mean it  
3 is your thing, your thing might not come for a while but  
4 you are doing it legally and you are getting it pushed in.  
5 It might take a while but that is the way it is going  
6 to work. All good things take time.

7 THE PUBLIC: And also the Mayor  
8 even let us use the band shell but a bunch of bands  
9 played to raise money for a kid that got busted, so  
10 this is the band shell on Saturday. A kid got busted  
11 and they had to raise bail, right? So the people  
12 went to the Mayor and asked him if they could use  
13 the Victoria Park Band Shell and have a rock concert  
14 and collect money, and they said, "Go ahead, sure,  
15 go ahead and do it".

16 THE PUBLIC: Bev, it wasn't the  
17 Mayor, do you know who it was?

18 THE PUBLIC: It wasn't the Mayor.

19 THE PUBLIC: Who?

20 THE PUBLIC: It was one of the men  
21 on the police force who are very much behind the kids --  
22 on the police force, but it wasn't Tenent, I will let  
23 you know.

24 THE CHAIRMAN: There is strong views  
25 on this issue, there are strong interests, there are  
26 differences of opinion, but I think that there is a  
27 good temper in the country. I don't mean that one  
28 should be complacent or one should, you know, think  
29 that people aren't going to stand strongly and hold  
30 strongly their points of view, but there is a temper



1 which permits rational discourse on this subject. Now  
2 this is my--and I think I can speak for my colleagues.  
3 From our testimony after going across this country, we  
4 have certainly had this tremendous basis for hope, and  
5 I think although I don't want to echo, you know,  
6 necessarily, in particular rash voices in our hearing  
7 tonight, but I feel it is a matter in which we Canadians  
8 can take some legitimate satisfaction at this time. It  
9 is possible to discuss; it is possible to do it in a  
10 rational, informal way in this country, today. That is  
11 very, very important.

12 THE PUBLIC: I think something that  
13 everybody has got to remember is that the Canadian  
14 Government is quite flexible and if we did want something  
15 bad enough, that if a mass majority got together, we  
16 would get it. It is that flexible.

17 In the United States they have really  
18 got nothing because they are running into brick walls.

19 In Canada we don't have to hit a brick wall. There is  
20 a chance for us.

21 THE PUBLIC: Do you think that by  
22 Canada's legalization it will amount to an outright  
23 aggression with the United States?

24 THE CHAIRMAN: I think we should adjourn.

25 Thanks very much. We had had a good  
26 hearing tonight and I enjoyed it very much.

27 ---Upon adjourning at 9:20 p.m.  
28  
29  
30























